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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
and the second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Registrar.

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SINTAL V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
the state of the s			1	

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Example January and the same an	email of the same	Example II		
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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1203
1. PLACE OF DEATH	- 462 × 0
County Allegan	Registration Dist. No.
Village or City & partners	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds
0 0 0 0 0 1	J
2. FULL NAME John N. 13 lating	<i>h</i>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 / 1936
5e. If merried, widowed, or divorced	(Month) (Day). (Yeer)
HUSBAND of Mary alice Blambugh	22. HEREBY CERTIFY. That I attended deceased from 1930, to fel 2/ 1936
6. DATE OF BIRTH (month, dey, and yeer) Lee 249-1859	I last saw bears, elive on full 1986; death is sele
7. AGE Yeers Months Deys If LESS then 1 dey,	to have occurred on the date stated above, et
77 / 2/ ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, as SPINNER,	Caseinama of the
9. Industry or business in which	Slamath 193
work was done, es SILK MILL,	
10. Dete deceased lest worked at this occupation (month and 193.5) 11. Totel time (years) spent in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) Alan Locator	Other Contributory Causes of importance;
(State or country)	
13. NAME andrew Blabbauch.	
13. NAME Indrew Blathaugh 14. BIRTHPLACE (city or town) Mean autocom (Stete or country)	Name of operation Date of Whet test confirmed diagnosis? Here Provided West here en autopsy?
15. MAIDEN NAME Sease, With	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Sarah Winter 16. BIRTHPLACE (city or town) Rear Sarah (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Chernala Falthin	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Valescent Dete 7/23, 1936	Menner of injury
19. UNDERTAKER J.	24. Wes disease or injury in any wey releted to occupation of deceased?
20. FILED to b. 23., 19 26 a. R. Weelke? Registrat.	(Signed) Wom fore JU M. [(Address) - A Legand Mg
Registrat,	

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Example I	i	Example II	0-12/19
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Chronic interstitial nephritis MAP 4 1.50	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
and the same of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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pluods

			OF MAR	TLAND-	CERTIFICATE OF DEATH	1204
1.	PLACE O	F DEATH			× 1	411
	County	Colly	w	,	Registration Dist. No.	<i>J</i>
	Village or C	ity Crasha	msnl	Le (1	No. Cover australia of institution, give its NAME instead of street and	Wa d number)
	Langth of res	denca in city or town wh	ara death occurred	yrs,mo	ds. How long in U.S. if of foreign birth?yrs	mos
2.	FULL NA	ME Irent	man	Bur	key If U. S. Veteran, specify WAR	
	(a) Residen	ce: No. 19.7.	D. Cule	Irelan	Kst., Ward.	
			(Usual place		If nonresident give city or town as	nd State
		AL AND STATI			MEDICAL CERTIFICATE OF DEATH	
3, SI	EX F.	4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Nonth) (Day)	, 1936 (Year)
5a. I	f married, widow HUSBAND of	ed, or divorcad		1	(4.57)	
	(or) WIFE of		,		22. I HEREBY CERTIFY that I ettende	d deceased fr
			ah.	10-1984	1916 10	, 19.5.6
7. A		month, day, and year) rs Months	Days	If LESS then		; deeth is s
1. /4	OE 100			I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	9 Trado profe	ssion, or particular	· · · · · · · · · · · · · · · · · · ·	ormin.	wara as follows:	Date of one
O	kind of v	vork dona, as SPINNER, BOOKKEEPER, atc	Mido	at the	0.1.0	
CCUPATION	Industry or	business In which			com many	- Las
5 4	SAW MIL	dona, as SILK MILL, L, BANK, etc				
0	10. Data deceas this occu year)	ed last worked at pation (month end	11. Totel 1 spa occ	ima (yaars) nt in this upation		
12. 8	BIRTHPLACE (ci		mbulg	mel	Other Contributory Causes of Importanca:	in Zen
œ	(Stata or cou	-70	13 my		0 19	
- 모	13. NAME	necessar)	Burke	4	alf o	
FAT	14. BIRTHPLACE		nud	U	Nama of oparation	
	(State or	17 10	7.0)	0	What tast confirmed diagnosis? Was there are	n autopsy?
x -	15. MAIDEN NA	ME MARCEUS	2 Bur	re	23. If daeth was due to axtarnal causes (VIOL ENCE) fill in also the following	•
MOT		(city or town)	150 Par	d	Accident, suicide, or homicida? Date of injury	, 19
	(State of	7/	0 1	1	Whare did injury occur? (Specify city or town, county and Si	late)
17, 1	NFORMANT	Themes.	Journa	of an	Specify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC F	LACE.
18, E		ION, OR REMOVAL		discreek MY	Manney of Injury	
	Placa 24	Pat Ou	U Date 72	19 1936	Manner of injury	
	1-	9 ,	4	1	Nature of injury	*
19. L	JNDERTAKER (Address)	Jours 1	Xeus -	ue.	24. Was disaase or injury in any way ralated to occupation of dacaasad?	
	9/0	34.0	Po	Nelli	If so, spacify all all sum	
20. F	FILED D	1900	Jausa	myl.	(Signed)	/M

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

mation

B ż

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5, 1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 uear

TIP DATE OF THE DESIGNATION OF THE PROPERTY OF	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	466 20	,
County Allegany	Registration Dist. No.	
Village or City Con Short O	No. Allegany Horb St. 45	Ward
	No. St., death occurred in a hospital or institution, give in NAME institute of street and number)	
8/L V / / /		ds.
2. FULL NAME TTrain Calzons	2 If U. S. Veteran, specify WAR	
(a) Residence: No. 17, 13 ascele 47114	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 12 193	<i>a</i>
5a. If married, widowed, or divorced	(Month) (Oay) (Ye	eer)
HUSBAND of Mary Jane Morris Calzone	22. JHEREBY CERTIFY. That I attended decease	d from
6. DATE OF BIRTH (month, dey, and year) Mar. 23, 1869 1883	I last saw he alive on Sele. 12 46, 1936; death	Is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 2-3-2 m.	
66 F6 10 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	pfonset
Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Caremona hum	
SAWYER, BOOKKEEPER, etc.		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
10. Date deceesed last worked at this occupation (month end spent in this		
year) occupation 7	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town)	Elma 12.	22.
(State or country)	Chronic Myccarellis. ?	
13. NAME FILE (city or town) A A	Thy portulain ?	
14. BIRTHPLACE (city or town)	Name of operation Date of	7
	What test confirmed diegnosis? Was there an autopsy?	-KI
H Contraction	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) (Stete or gountry)	Where did injury occur?	
17. INFORMANT OSEBLE Calzons (Address) A Band	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
root peter parle Date It el-15, 19.36	Nature of injury	
10 HADDOTAVOD LA COLOR	24. Was diseese or injury in any way related to occupation of deceased?	
19. UNDERTAKER And	If so, specify	
20. FILESTELL 14, 1936 In Phankle mi	(Signed) Jelly 6. Mclean	M. O.
Registrar.	(Address) Lumbuland 72	٠

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis Man 7 7008	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
PI PRAIL V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Lu lette filed under Dramkel 5-18-36	
	•

V. S. No. 1

	OLIVIII TOTALE OF DEATH
1. PLACE OF DEATH	(30)
county allegany.	Registration Dist. No.
Village or City Prooflews , md.	No. Miners Hospital St. Ward
d) (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	4. ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME OKobert Carr	01×-
(a) Residence: No. Zutmore, m.d.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male what	2 - 25 103 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	2-22 ,1936 ,10 2-25 ,1936
6. DATE OF BIRTH (month, day, and year) Febru, 1863	I last saw h_1 M alive on 2-25 ,1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 19:20 A,m.
7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arlino - scleroses.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. D. Dete deceased last worked et	Chronic interstitial replication
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
TO. Dete deceased last worked at this occupation (month and 1919 spent in this	
year) - 1919 occupation 03.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Bution	
13. NAME 19 obert Car.	
13. NAME of deet Care. 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Chaland	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME May Chryling 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, sulcide, or homlcide?Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Many Henrichy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR NEMOVAL	
Place 1 24: 11 Date + 28 1936	Manner of injury
Fagett May	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
1 1 27 1 1 1 1 1 2 2 4 2 2	If so, specify (Signed) 27.C. Quell M.D.
20. FILED FILES A 1, 1936 CC. M. COCCEPTED.	(Address) Froatleing, Md.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Cerebral hemorrhage Peritonitis. 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1207
County Alegary	47.8
County Allegary ATE UM	Registration Dist. No.
Village or City Cosson Kerkand (IF	No. Manager Ward St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	s. 72ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME many m. Carroll	×
(a) Residence: No. 7150 In management	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of June IK Caroll.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, end year) Will 26 1897	I last saw h_ ex/ alive on _ Jef - 1 2 _ 198 6 ; daath is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at
38 / 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Carcinoma of Tung Date of onset
work was done, as SILK MILL,	General Carcusomatosis 1-10-193
10. Date decaased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) work for famed	Other Contributory Causes of importance:
(State or country)	
13. NAME Stephen Pendurgash. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Nama of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy? 720
15. MAIDEN NAME margaset Nonahue	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?
17. INFORMANT Summ R. Carroll. (Address) Combuland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Aluchas Garbate V/19, 19.36	Nature of injury
19. UNDERTAKER Armo Stem Dae (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FKED Felb 1 6 , 13 6 0 1 Franklin	(Signed) Casar M. D.
Registrar.	(Address) 14 W Carnbell Will The

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AAAD 19 1990	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1208
1. PLACE OF DEATH WITHIN CO	PROPATE LIMITS (210-6)
County Allegany	Registration Dist. No.
Village or City Served	No. Essente to Hospital St., Ward
Langth of rasidence in city or town where death qccqrradyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How tong in U.S. if ot foreign birth? yrs. mos. ds.
2. FULL NAME Edward D. Canel	
(a) Residence: No. 7 Browning	St. & 2 Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
o will arkins	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Que 1896	I last saw h; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, at #m. The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
Jrada, profession, or particular	wera as follows: 9 Date of onset
kind ot work done, as SPINNER, acalato Worker SAWYER, BOOKKEEPER, atc.	O D Street
9. Industry or business in which	12.24.
work was done, as SILK MILL, SAW MILL, BANK, etc	736
O Date deceasad last workad at this occupation (month and yaar) occupation	
Band'	Other Contributory Causes of Importanca:
(Stata or country)	0 6 13 4
13. NAME WWW. Case 000	Compound Hischier
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What tast confirmed diagnosis and Eye Was there an autopsy?
15. MAIDEN NAME Euglie Sindrage	23. If death was due to axternal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide cecedant Date of Injury 123, 1936
17. INFORMANT Price Prace	Where did injury occur? (Specify city or town, county and State)
(Address) limbulana ma	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury auto Wireck
Placa 138 1 Date 16 , 19 3 6	Nature of injurgence times of Africal & Crushed Cloud
19. UNDERTAKER of oring Trees	24. Was disease or injury in any way related to occupation of decaased?
(Addiess) Curreland, Ind.	If so, specify
20. FILEBULA 2. 9., 1936 Jant Brankline Megistrar.	(Address)
Acginiar,	(1001933) ===================================

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	209
1. PLACE OF DEATH	PORATE LIMITS 11-00 ×	/
County allegan	Registration Dist. No.	_
Village or City Carly Control of Control	No. 107 Bland Cursis-	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and p	
2. FULL NAME Blain James Ral	+	/4:u3:
(a) Residence; No. / 9.7 (Bland Que	St. & Zward.	
(Vsual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the hybrd)	21. DATE OF DEATH (Month) (Day)	193
5a. If married, wldowed, or divorced HUSBAND of		(Year)
(or) WIFE of	22. HEREBY GERTIFY, That I attended of	deceesed from
6. DATE OF BIRTH (month, day, and year) Man 5 1935	Hest saw h. 250 alive on Frace 17 136	· death is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date stated above, at 530 am.	, 40811113 3014
11 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	
8. Trade, profession, or particular		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	Milliga	Mel
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		1936
10. Date deceased last worked at this occupation (month and spent in this occupation (month and year)		
12. BIRTHPLACE (city or town). Healen 970Va	Other Contributory Causes of importance:	Tel
(State or country)	from hofmun	13
13. NAME Druces Crabbroo		1936
14. BIRTHPLACE (city or town). OCAL	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME TERREE Spidel	23. If death was due to external ceuses (VIOLENCE) fill in also the following	
15. MAIDEN NAME A Leve Afidel 16. BIRTHPLACE (city or town) Carrellande	Accident, sulcide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT Property (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Per feel Cereate 826, 18, 1936	Nature of injury	
19. UNDERTAKER ASSESS ALON ASSES	24. Was diseese or injury in any way related to occupation of deceased?	
(Address) Cullandered and	if so, specify And the	٠
20. FILEBELL 15, 10.36 See & Transh 201	(Signed)	M. D
Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	j:	Example II	
The principal cause of death and related causes of importance were as follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Jay5,1927	Peritonitis	3 days ago
WINDAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEM	MENTS BY	PHYSICIAN
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state 1. PLACE OF DEATH plnods item of County. Registration Dist. No. Village or City (If death occurred in a horpital nr institution, give its NAME instead of street and number) Every PHYSICIANS Length of residence In city or town where death occurred statement How long In U. S. If of foreign birth? 2. FULL NAME. (a) Residence: No. Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) 7 BINDING (Month) CT 5a. If Married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, Thet I ettended deceased from (or) WIFE of PERM 19....., to..... 国 6. DATE OF BIRTH (month, day, and year) certificate. : death is said 7. AGE Yeers FOR Months If LESS than Devs 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance or____min. were as follows: Date of onset 8. Trade, profession, or particular THIS LION kind of work done, es SPINNER, AC RESERVED of SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which pluods PA work wes done, as SILK MILL, SAW MILL, BANK, etc.... 0 On Date deceased last worked et 11. Total time (years) this occupation (month end spent In this occupation ... instructions Other Contributory Causes of importance: IARGIN 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13, NAME 14. BIRTHPLACE (city or town) Neme of operation__ (Stete or country) carefully Whet test confirmed diegnosis? Was there en eutopsy?_ mportant. 15. MAIDEN NAME 23. If death was due to external ceuses (VIDLENCE) fill in also the following: in MOTH OP-DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. pe (Specify city na town, county and state) plnods HOME, or In PUBLIC PLACE. A (Address) 18. BURIAL CREMATION, DR REMOVAL CAUSE NOIL Nature of injury_____ 24. Wes diseese or injury In eny wey releted to occupetion of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CERTIFICATE OF DEATH

STATE OF MARYLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 1211
1. PLACE OF DEATH County Allegany WITHIN CORP	ORATE LIMITS 20
Village or City Cumberland, Maryland	Registration Dist. No.
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whara death occurredyrsmos	ds. How long in U.S. If of foralgn birth?yrsmosds.
2. FULL NAME ASA DAY	11×-
(a) Residence: No. OAKLAND, MARYLAND (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE 4. COLOR OR RACE MALE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) MARRIED	21. DATE OF DEATH FEB 18 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of MARGARET WRIGHT	Jebruary 6 186 to Jebruary 18 10 36
6. DATE OF BIRTH (month, day, and year) Dec. 17. 1858	I last sew h. aliva on February 18 1,19 6; death is said
7. AGE Years Months Days If LESS than	to heva occurrad on the deta stated above, et 8:45 P. M.
77 2 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
Trade, profession, or particular kind of work done, as SPINNER. / TIME DE DO WORK	Date of one of
SAWYER, BOOKKEEPER, etc. UNABLE TO WORK	() A
work was dona, as SILK MILL, SAW MILL, BANK, etc	Tel 4
11. Total tima (years) spent in this occupation year)	1426
B. Leaster III	Other Contributory Causes of importance:
12. BIRTIIPLACE (city or town).	O rostatie ffy perbroples
13. NAME St. 13. Darl	with contribute of trueting
13. NAME 3 Alace 14. BIRTHPLACE (city or town) Balfneswill.	Nama of operation
(Stete or country)	Whet tast confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME unknown	23. If death was due to extarnal causas (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accidant, sulcide, or homicide? Date of injury, 19
Charles a Real	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place and and Mit Dat Telle 2.1., 1936.	Neture of injury
19. UNDERTAKER Company Adapting	24. Was disease or Injury in any way releted to occupation of daceasad? 240
Hel on of Cold Villa	(Signed)
20 Tres 19 19 19 18 Marshau MA	(Addrass) Cesusarland Mad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE TAIL V. S.	and the state of t		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITIONS	OI AUL	LOIL	T. O IV I III III V	DIVITAMENTA	DI	LILLOIUIAN



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	of
M	item of
	CORD. Every

FOR BINDING

MARGIN RESERVED

OCCUPA-

of

Exact statement

stated EXACTLY. classified. certificate. properly AGE should be Jo See instructions on back CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully TION is very important. -WRITE PLA

1. PLACE OF DEATH	(93-2)
County allegang WITHIN CORP	OBATE LIMITS Registration Dist. No.
Village or City believed and Jud	No. 21 Williams St., 5 Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sgs. How long In U.S. If of foreign birth?mosds.
And I have	
Z. FULL NAME	ii o. S. Veteran, specify WAN
(a) Residence: No. 2/ W WWW. (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha wgrd)	21. DATE OF DEATH Leb // ", 1936
5a. If merriad, wldowed, or divorced HUSBAND of	(Month) (Day) (Yeer)
(or) WIFE of Stella Mitchells	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Law 31, 1882	I last saw hem aliva on Feb 10 1936; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
52 11 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Diseise of coronny arteries & Mos.
Date deceased lest worked et this occupation (month end yeer)	
12. BIRTHPLACE (city or town) Januara 9	Other Contributory Causes of importance:
(Stata or country) mid	Chronic myocarditis / year
14. BIRTHPLACE (city or town) Statland	
14. BIRTHPLACE (city or town) Statland	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME fantl Public 16. BIRTHPLACE (city or town). Scalland (State or country)	23. If deeth wes due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
IT INFORMANT Stella Dans	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hilleant Dan Hall 14, 19 34	Manner of injury
19. UNDERTAKEN Comis Slein Jones	24. Was disaase or injury in any way releted to occupation of decaased?
20 Flootel 19 36 Or Farable Mh	(Signad) A. H. Chewaskes M. D.
Registrar.	(Addrass) Cumberland med,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

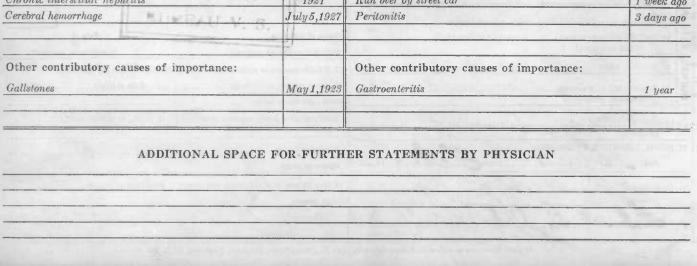
- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1213
1. PLACE OF DEATH	124°C) × 1.6
County Illy any	Registration Dist. No. / U
Village or City At Alag	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 4.3 yrsmos	
2. FULL NAME Many Bridget Foreman	
	St., Ward,
(a) Residence; No(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH 8 1936
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIEY, That I attended deceased from
1 2. 10 441	1932, to F-47 0 , 1036
6. DATE OF BIRTH (month, day, and year) Dec. 3/2 /8/	I last saw how alive on the first said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at X-X-X-m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Youse Work SAWYER, BOOKKEEPER, etc.	A yerriffuc unhouse 1
9. Industry or business in which	1 7NN /934
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month apt 3 spent in this year)	
year) (2.3.3	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) busherland	& house Endrastitis
(State or country) And	6 terous & neplentis
14. BIRTHPLACE (city or town) Whinches let	Dippsy
14. BIRTHPLACE (city or town) Whin Ches let	Name of operation Dale of
(State of country)	What test confirmed diagnosis? There was there an autopsy?
15. MAIDEN NAME 1 De Morto Joseph 16. BIRTHPLACE (city or town) MIT Sarage	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town) Jut Javage	Accident, suicide, or homicida? Oata of injury, 19
(Slata or country)	Where did injury occur? (Specify city or town, county and State)
17 INFORMANT Mess Kate Mc name	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Why Swage ma	
Place MA - ALT-4 LAA Data FEM 1 136	Mannar of Injury
1 . Ot 1	Nature of injury
19. UNDERTAKER of OUGO & Clim one.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Ourseland tud	If so, specify
20. FILED 2/ 10 , 1936 My Bostellu Ma	(Signed) M. O. (Address) And Savage May
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	remote s:	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAR 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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MARGIN RESERVED FOR BINDING

V. S. No. 1

5a. It married, widowed, or divorced HUSSAND of (or) WIFE of 5. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days It LESS than I day, hrs. or. min. B. Trede, profession, or particular kind of work done, as SPINNER, SAVYER, BOKKEPER, etc. SAVYER, BOK	STATE OF MARYLAND	-CERTIFICATE OF DEATH - 1214
Village or City Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred Length of residence in city or town where death occurred S. d. How long in U. S. if of foreign birth? Yrs. MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Month) (Day) (Year) 193. 14 LEST birth 14 Lest saw h. A. a live on. 15 Lest saw h. A. a live on. 16 Lest saw h. A. a live on. 17 Lest saw h. A. a live on. 18 J. Lest saw h. A. a live on. 193. 194. 195.	1. PLACE OF DEATH	
Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town and State PERSONAL AND STATISTICAL PARTICULARS LOURS BARRIED, WIDOWED, Own DATE OF DEATH LOURS BARRIED, WIDOWED, Own BARRIED, WIDOWED, Own DATE OF DEATH LOURS BARRIED, WIDOWED, OWN DATE OF D	County allegary, WITHIN CC	DRPORATE LIMITS Registration Dist. No.
Length of residence in city or form where death occurred. 2. FULL NAME A. (a) Residence: No. 22 PERSONAL AND STATISTICAL PARTICULARS S. SINGL. BARRIER, WIDOWED. OR DIVORCED Crimic the word) So. If married, widowed, or divorced (1) Wife of B. DATE OF BIRTH (month, day, and year) A. GEE Yeers Months Days It LESS than 1 (day	Village or City Sambaland	
2. FULL NAME HAND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 2. SEX 4. COLOR OR RACE OR BIVORCES Grife the word) 5. If married, vidowed, or diverced (or) wife of (o	9	(If death occurred in a hospital or institution, give its NAME instead of street and number)
(Usualpace of abode) (Month) (Month) (Day) (Wonth) (Os) (Vor) (Wor) (Wonth) (Os) (Vor) (Wor) (Wonth) (Os) (Vor) (Wor) (Wor)	Length of residence in city of town where death occurredyrs,	mos/ds. How long in U.S. if of foreign birth?yrsmosd
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED Genite the word) 6. DATE OF DEATH 7. ACE Yeers Months Days 11 LESS than 169, hrs. or min. 8. Trede, profession, or particular laid of work done, es SPINNER, SANVIER, BOOKEER, etc. SANVIER, BOOKEER, etc. 10. Date of ceased last worked at laid or coupetion makes and year) 10. Date of ceased last worked at laid or coupetion makes and year) 11. Informant 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL CREMPTION, OR REMOVAL Place of MAINER Date of injury Neture of injury 19. UNDERTAKER 19. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Month) (Month) (Month) (Month) (Day) (Your) 15. DATE OF DEATH (Month) (Month) (Day) (Your) 15. DATE OF DEATH (Month) (Month) (Day) (Your) 19. (Address) (Month) (Month) (Month) (Day) (Your) (Month) (Month) (Month) (Day) (Your) (Month) (Month) (Day) (Your) (Month) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (Month) (Month) (Day) (Month) (M	2. FULL NAME Harry Carl Inn	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3-SEX 4. COLOR OR RACE 5. SINGLE MARKIED, WIDOWED. OR DIVORCED (winter the word) 5. Hamarited, widowed, or divorced 4. COLOR OR RACE 5. SINGLE MARKIED, WIDOWED. OR DIVORCED (winter the word) 5. HERSEN CERTIFY, That I attended deceased for the word in the word of		
3. SEX 4. COLOR OR RACE ORDIVORCED (Smire the word) 5. If I married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 8. Trede, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. 10. Date done work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation (month and year) occupred on the date stated above, at. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURNAL GERMATION, OR REMOVAL Piece of July 19. Piece of July 19. Piece of injury Name of operation in Nomiciag? 19. UNDERTAKER Manner of injury 19. Was diseased? 19. Was diseased? 19. UNDERTAKER Was diseased? 19. UNDERTAKER Manner of injury 19. UNDERTAKER 19. WIDOWCD, OR WIDOWCD, (Month) (Month) (Month)		
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7. AGE Yeers Months Days If LESS than I day. I	HUSBAND of	22. HEREBY CERTIFY, That I attended deceased from
7. AGE Yeers Months Days If LESS than I day. I	11.1	19 136, to Mac 5 , 193 (
S. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SawYER, BOOKEEPER, etc. SawYER, BOOKKEEPER, etc. SawYER, BOOKKEEPER, etc. SawYER, BOOKKEEPER, etc. SawYER, BOOKKEEPER, etc. SawYER,	6. DATE OF BIRTH (month, day, and year) April 76 19.	Mast saw h Asa alive on fru , 19 6; death is sai
B. Trede, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEPFER, etc. SAWTER, BOOKKEPFER, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 11. Total time (years) spent in this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. Total time (years) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?		
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation. (State or conjuty) 11. Total time (years) spent in this occupation (State or conjuty) 12. BIRTHPLACE (city or town). (State or conjuty) 13. NAME 14. BIRTHPLACE (city or town). (State or conjuty) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State og -country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece of July July July July July July July July		the FRINCIPAL CAOSE OF DEATH and related couses of importance
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Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PIECE PIECE 19. UNDERTAKER 19. UNDERTAKER 10. Other Coatributory Causes of importance: Other Coatributory Causes of importanc	SAWYER, BOOKKEEPER, etc.	Jan Jan
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Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL PIECE PIECE 19. UNDERTAKER 19. UNDERTAKER 10. Other Coatributory Causes of importance: Other Coatributory Causes of importanc	SAW MILL, BANK, etc	0 73,
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What test confirmed diagnosis? Wes there an autopsy 22. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Plece The state of injury Neture of injury Neture of injury 19. UNDERTAKER 19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	14. BIRTHPLACE (city or town)	
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Plece of the state of injury Neture of injury 19. UNDERTAKER of this filter of the state of injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?		What test confirmed diagnosis? Wes there an autopsylly
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19. UNDERTAKER Loving Stain Inc. 24. Was disease or injury in any way related to occupation of deceased? WO		6
	C/ Pr	necute of injuly.
		24. Was disease or injury in any way related to occupation of deceased?
(Address) If so, specify 1	(Address) completed.	If so, specify A COLAN
20-FIEDEL 6 , 1936 Jack Trankhall (Signed)		13-088
Registrar. (Address)	Registrar.	

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
The production of the control of the	A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

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			*, m**	
Other contributory causes of importance:		Other contributory causes of importance:	* .	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state stated EXACTLY. UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

properly classified.

Exact statement of OCCUPA.

See instructions on back of certificate. AGE should be ATH in plain terms, so that it may be carefully supplied. B.—WRITE PL mation shou CAUSE O TION is

n'portant.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH WITHIN CO	RPORATE LIMITS 23 X
	Régistration Dist. No. No. 740 · N · Mechanic · St St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Laura Garner (a) Residence: No. 240 % Mellecular (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow	21. DATE OF DEATH Feb.5th.1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) May 1853	I last saw h elive on 19 ; death is said
7. AGE Years Months Days If LESS then I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Tufmenage o
CAW MILL DANK ate	4.11.11.11
O. Date deceased last worked at this occupation (month end spent in this year)	alber hame
12. BIRTHPLACE (city or town)	Dther Coutributory Causes of importence:
# 13. NAME William . Keller	
Ham . Keller 13. NAME William . Keller 14. BIRTHPLACE (city or town) Pa (State or country)	Name of operation Date of
Mary . I senburg .	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external ceuses (VIOLENCE) fill in also the following:
18. MAIDEN NAME Mary · I senburg · 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs.Lola.Schaffer Cumberland. Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Union. Pa Date Feb. 7.19,36	Manner of injury
John.C.Wolford (Address) Cumberland. Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDELL 6 , 1936 Jan Strack MA Registrar.	(Address) Andrew M. A. Social Sego.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhade July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH WITHIN CORPORA	TELIMITE 46 8			
County Muligary.	Registration Dist. No.			
Village or City Constanted.	No. All Mary Honfatt St., 4 Ward death occurred in a hoppital or institution, give by NAME instead of street and number)			
Length of residence in city or town where death occurredyrs,mos				
2. FULL NAME Sarah Maragreh Graf	enster It U. S. Veteran, specify WAR			
(a) Residence: No.	St. Ward. Crists Road			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vorite the word)	21. DATE OF DEATH			
Amale White harried	(Month) (Oay) (Year)			
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from			
(OT) WIFE OF John It. Sastenslem.	Ov 1935, to 71 3 1926			
6. DATE OF BIRTH (month, day, and year) may 16 1868	I last saw h a alive on			
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, atm.			
67 8 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER.	Carcinoma & Tiver			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which	[
work was done, as SILK MILL,				
10. Oate deceased last worked at 11. Total time (years)				
o this occupation (month and year) spent in this occupation	Oh C 13 1 C			
12. BIRTHPLACE (city or town) In Single	Other Contributory Causes of importance:			
(State or country)				
13. NAME (inthony Lodgem).				
14. BIRTHPLACE (city or town) Many	Name of operation Callettery Lordon Date of 2:1:36			
(State or country)	What test confirmed diagnosis? Was there an autopsy?			
16. BIRTHPLACE (city or town) mh shrage	23. If death was due to external causes (VIOLENCE) fill in also the following:			
[16. BIRTHPLACE (city or town) Inf Smage	Accident, suicide, or homicide?Oate of Injury19			
(State or country)	Where did Injury occur? (Specify city or town, county and State)			
17. INFORMANT John II Drakenstein	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.			
(Addréss) Listy Rd. Balty Pile				
Place to later & lando legas V/6 1976	Manner of injury			
C) . H - 19	Nature of injury			
19. UNOERTAKER AND SHAPE AND	24. Was disease or injury In any way related to occupation of deceased?			
A. 1 - 21 6 PG. 12 Del	(Signed) R. C. Barrer M. D.			
20 EMEDLES 1836 HOLD Chankberley Registrar.	(Address) Combuland Rad			
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.			

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FOR BINDING

MARGIN RESERVED

V. S. No. 1

CountyALLEGANY Village or City_CUMBERLAND, MD.	Registration Dist. No. ——————————————————————————————————
2. FULL NAME (a) Residence: No. (Usual place of abode)	s. I ds. How long in U.S. if of foreign birth yrs. mos. If U.S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE WHITE S. SINGLE, MARRIED, WIDOWED, ORDIVORCED (awrite the word)	21. DATE OF DEATH FEBRUARY 24 I 936 (Day) (Year) (Winnth) (Day) (Year)
B. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	22. I HEREBY CERTIFY. That I attended daceasad for the control of
SAWYER, BODKKEEPER, etc. FARMER Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date decased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Manual Manual Manual Manual	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town). Second	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or compley) 17. INFORMANT (Addrass)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accidant, suicida, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Dalley of Data Flub - 24, 1934	Mannar of Injury
(Address) O My A Mid	If so, spacify (Signed) I, J. Ranich.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	4
dattorones	May 1,1323	Gasirbenterius	1 year

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Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

important. See instructions on back of certificate.

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mation should be carefully supplied.

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Į.	S 1. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH 1220
			. 1	WITHIN COR	PURATE LIMITS 20 Registration Dist. No.
	County	Allegahy			
	Village or City	Cumberla	and. Md		No. Allegaby . Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In c	ity or town where de	ath occurred		ds. How long in U. S. if of foreign birth?yrsmosds.
Į,	2. FULL NAME	John.R.H	lale		If U. S. Veteran, specify WAR
	(a) Residence: No.	214	(Usual place	of abode)	St., S Ward. If nonresident give city or town and State
	PERSONAL AN	ID STATISTIC	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH
3.		or or race Thite	s. SINGLE, MAR OR DIVORCE	RIED, WIDOWED,	21. DATE OF DEATH Feb. 2.1936 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of					22. I HEREBY CERTIFY. That I attended decessed from Jan 21 1936 to 22 1936
6.	DATE OF BIRTH (month, de	y, and yeer)	Mar. 1	7.1887	I lost saw h MM alive on Jels 2 , 1936; deeth is said
7.	AGE Years 48	Months 10	0eys 16	If LESS then 1 dey,hrs. ormin.	to have occurred on the dete stated above, at
8. Trade, profession, or perticular kind of work done, es SPINNER, Western.Maryland SAWYER, BOOKKEEPER, etc				ime (yeers)	Lyngahscess-won- Tuberenlous, right upper
yeer) occupetion 12. BIRTHPLACE (city or town) Tenn. (State or country)					Other Contributory Causes of importance:
ER	13. NAME James	B.B.Hale			
FATHER	14. BIRTHPLACE (city or to (State or country)	own)	renness	see	Neme of operation What test confirmed diagnosis?
ER	15. MAIOEN NAME	Margart	.Wilker	son.	23. If deeth was due to externel ceuses (VIOL EACE) fill in elso the following:
15. MAJOEN NAME Margart . Wilkerson . 16. BIRTHPLACE (city or town) Tennessee (Stete or country)					Accident, suicide, or homicide?Oete of Injury, 19 Where did Injury occur?
W. INFORMANT Charles Bowden (Address) Cumberland Md			wden nd: Md		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18	BURIAL, CREMATION, OR I		Dete Feb	0.6.19,36	Menner of Injury
19	19. UNDERTAKER John.C.Wolford (Address) Cumberland. Md				24. Wes disease or Injury In eny way releted to occupation of deceased? TWO
20	FILED 4	193 Dough	-P. Fran	Kein Hind.	(Signed) Ommell of Jones M. D.

Registrar.

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MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1221
1. PLACE OF DEATH	948
County allegany	Registration Dist. No.
Village or City	No. St., Ward
Length of residence in city or town where death occurredyrsn	nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Marian Renkin	Howat
(a) Residence: No. Beall Land	St., Ward.
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(1.10-185	I last sew h. alive on THM (8, 36, 19 ; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS then	
03 / 5 0 1 day,h	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows: Date of onset
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Coronous Throntonis Hep-13-3
9. Industry or business in which	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Dete deceased last worked at this occupation (month and year)	
	Other Contributory Canaes of Importence:
12. BIRTHPLACE (city or town)	
13. NAME James Rankin	
	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Unknown,	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury19
16. BIRTHPLACE (city or town) Sestions (State or country)	Where dld injury occur?
17. INFORMANT Miss again Hypert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place facilities Date John 20, 193	
19. UNDERTAKER RUGGER	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED 20 156 a. R. Walher	(Signed) by alfell Var alma M. D.
20. FILED Registrar.	(Address) genothing, mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example II	Example I
Uses Date of onset The principal cause of death and related causes of importance were as follows: 1915 Allack of epilepsy 1 week ago	(T) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1921 Run over by street car 1 week ago	Chronic interstitial nephritis
July 5,1927 Peritonitis 3 days ago	Cerebral hemorrhage
Other contributory causes of importance: May 1,1923 Gastroenteritis 1 year	Other contributory causes of importance: Gallstones M

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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or- ate	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	(201-9)
S E S	County allegany	Registration Dist. No.
shou of O	Village or City I roothing	No. Marchael St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
1 - 00 -	Length of residence in city or town where death occurredyrs,mos.	
Every CIANS ement	2. FULL NAME alongo Dousane	01X-
KD. YSI stat	(a) Residence: No. 31hlmon Md. (Usual place of abode)	Step. Ward. If nonresident give city or town and State
PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
NEN CT I	5a. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That Lattended deceased from
MAN) A C C C C C C C C C C C C C C C C C C C	(or) WIFE of Unnie Goster Howsare	Fek 15 1936 to Fek 22 1936
EX EX y el	6. DATE OF BIRTH (month, day, end year) Dec 13, 1873	I last sew barra alive on Fell 22, 1936; death is sel
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 10m.
FUR IS A I stated properlificatification	62 2 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
- 70	Trade, profession, or particular kind of work done, as SPINNER,	accidental mine Inques
T)	SAWYER, BOOKKEEPER, etc.	Tracture of Fift Side (by Pare For
May back	e. Industry or business in which work was done, as SILK MILL, Caral Mines SAW MILL, BANK, etc	11 of Karrer fary 13
S S S S S S S S S S S S S S S S S S S	11. Oate deceased last worked at this occupation (month and 17.7/3/ spent in this	Constity of left con 1930
NFADING I NFADING I pplied. AGE erms, so that instructions of	year) occupation occupation	Other Contributory Causes of importance:
Soction	12. BIRTHPLACE (city or town) 6 haneswille, Ja	
FAJ ied.	(State or country)	
	13. NAME It eslet Housare	
y supparain te	14. BIRTHPLACE (city or town). Chaneyswell	Name of operation Repart Oate of Oate of 17 12
5 1 2	(State of Country)	Whet test confirmed diegnosis? Clan framed. Was there an autopsy? 2
Y, W. be carefu EATH in limportant.	I IS. MAIDEN NAME Mary Leasure	23. If death was due to external causes (VIOL ENCE) fill in also the following:
car TH port	16. BIRTHPLACE (city or town) Changewille	Accident, suicide, or homicide?
be EAT imp	(Stete or country)	Where did Injury occur? Clal True - Mea. Tra //
PPO	17. INFORMANT Mrs. algro House	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	18. BURIAL, CREMATION, OR REMOVAL	Carelt by Valley Rad Com
E (E) E	Place Dorte's Cemetery Date Feb. 25, 19 36	Nature of injury Crisaley Kead & Class
WRIT mation CAUSE	19. UNDERTAKER Qual Hales	24. Was disease or injury In any way related to occupation of deceased?
T T	(Address) Frattung, ma.	It so, specity let work in goal mines
m (T	20 FILED 2 - 24 19 36 a. R. Walker	(Signed) Wom Land M.
Z	Registrar.	(Address) 12 to the they mg
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	® 90
County_ Clegary	Registration Dist. No.
Village or City Tracellity THIN CORPORATE L	ND. Vinnere Idochetal St. Ward
/ (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S.If of foreign birth?yrsyrsmoads.
2. FULL NAME Stillborn Hughes	×
(a) Residence: Np.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Tut. 12 th
- W Statement	(Month) (Day) (Year)
5a. If married, widowad, or divosced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6 DATE OF RIRTH (month day and year) 7 1. 12-1936	Hast saw hant Stated 724, 12 th 1936 death is said
or Brita of Britis (month, yay) and your)	100001100010
7. AGE Years Months Days If LESS than 1 day hrs.	lo have occurred on the date stated above, at 1250 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin,	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPPR, etc.	14 +
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK Milt.	Sportanence alotton 4/12/36
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data dacaased last worked at 11. Total time (years)	
O this occupation (month and spant in this occupation occupation	
In select heel	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of
œ D _ L	What test confirmed diagnosis? Was there an autopsy?
11 15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Midland Ind	Accident, suicide, or homicide? Date of Injury, [9,
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Cattlarui Hughes (Address) Investous hills (20 /	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
PlaceDate	Nature of injury
	24. Was diseasa or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
9/20 = 1 0 0 10 160 1	(Signed) m. M. Ogrmett M.D.
20. FILED 2/28, 19 36 - 4	(Address) Midland - md
,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 846 2 300	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT MECOND. Every item of infor-

		CERTIFICATE OF DEATH
1. PLACE OF DEATH WITH	HIN CORPORATE LIMITS OF	(6) X
County Conga	ny	Registration Dist. No
Village or City Control	ge ming Mi	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whe	1.1//	s/_ds. How long in U.S. if of foreign birth?mosd
2. FULL NAME John	Melbren	Height W.S. Veteran, specify WAR.
(a) Residence: No.		St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male! thele	Lingt	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		22. HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of	<u> </u>	, 19, to
6. DATE OF BIRTH (month, day, and year)	tans 18,1919	I last saw h; death is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
171	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Bu i	Cate of one
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	me	Sucule By tweams
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	School	
1D. Oate deceased last worked at	11. Total time (years)	
this occupation (month and year)	spent in this occupation	
12. BIRTHPLACE (city or town)	asoning "	Other Centributery Causes of importance;
(State or country)	may,	-
13. NAME home	s I sughes	7
14. BIRTHPLACE (city or town)	9	Name of operation Oate of
(State or country)	Land,	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME / 2eo	se Karden	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	roadhung J	Accident, suicide, or homicide? Date of injury
(State or country)	my ,	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	s. F. Hughes	Specify whether injury occurred In INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The state of the s	Manner of Injury
Place I Allande	amorie Fet 6, 193	Nature of injury
19. UNDERTAKER	30ml	24. Was disease or injury In any way related to ccupation of deceased?
(Address)	ning mel,	If so, specify D
20. FILEO FLF. 5 36 D	2. E. Don Follow	(Signed) Level during Winner

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

16:	xample I	Carathean rollin chamme 4	Example II	
The principal cause of dea of importance were as follows:	th and related cause	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR - TOO		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURPAH V	July 5,1927	Peritonitis	3 days ago
L	aping			
Other contributory causes	of importance:	n =1-5(3)	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example 1		Example 11	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 6 1936	July 5,1927	Peritonitis	3 days ago
	TOP AUV. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT WELCOXD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MECOND. E	Y. PHYSICI	Exact stater	
ERMANENT	EXACTL	y classified.	te.
IIS IS A P	be stated	be properly	of certifica
INK-TH	E should	lat it may	s on back
UNFADING	upplied. A(terms, so th	instruction
Y, WEER	carefully su	(H in plain	ortant. See
LE PLAIM	a should be	E OF DEAT	TION is very important. See instructions on back of certificate.
-WRI	mation	CAUS	TION

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 1220
County alleganis	Registration Dist. No.
Village or City Mapany	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME benezer & one	If U. S. Veteran, specify WAR
(a) Residence: No. Mos Coulting (Usual plage of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Moltin) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of ((or) WIFE of which The Company of the Company	22. L. 1 HEREBY CERTIEY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than I day,hrs.	I last saw h
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were exfollows: Orterio Sclerosio Pate olonest - 1-3
Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. Date deceased last worked at this occupation (month and spent in this U. 5	
yeer) — — — — — — — — — — — — — — — — — — —	Other Coatributary Causes of importance:
H 13. NAME 1. American Demis a -	The state of the s
13. NAME ane tone 3	Name of operation Date of
(Stete of country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME (State or country)	23. If death was due to externel ceuses (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address) Manual (Address) Manual (Address) Manual (Address) No. Orthogola (Address) No.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL Place Livel of Use Date Fell (2000), 19-32	Manner of Injury
19. UNDERTAKER South	24. Was disease or injury In any way related to occupation of deceased? If so, specify
20. FILED Tel b, 1926 Sa Boucher Registrar.	(Signed) M. Corrusto M. C. (Address) Mudlaud - Md

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 4 1936	July 5, 1927	Peritonitis	3 days ago
NUMPAU V. S.			
Other contributory causes of importance:	are the control of th	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	[

FOR BINDING

RESERVED

MARGIN

Registrar.

Oate of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUNGALI V. B.	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			h- 4

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronie interstitial nephritis NAD 0 1006	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MUNIALLY S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH	229
state UPA-	1. PLACE OF DEATH	94 E) V	
DOCC OCC	County Allegany	Registration Dist. No. 12	
should of OCC	Village or City Dudkauf	NoSt.,	Ward
		death occurred in a horpital or institution, give its NAME instead of street and nunds. How long in U.S. II of foreign birth?yrsmos	
YSICIANS	2. FULL NAME Bernard Patrick H.	Idul At U.S. Veteran apecify WAR.	
SICI	(a) Residence: No. Midland	St. A Ward.	
	(Usual place of abode)	If nonresident give city or town and St	nte
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
X,	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wwire tha word) Massulo 1. COLOR OR BACE 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wwire tha word)	21. DATE OF DEATH Leb. 7 th (Month) (Day)	93 6 (Year)
X A C T I	5a. II married, widowed, or divorced HUSBAND of (or) WLEE of Phanie Bowen Vulduf	Dec. 74 1935 10 The 7	ceased Irom
	6. DATE OF BIRTH (month, day, and year) and July 21, 1886	1 last saw harres aliva on Jet. 6 ch 1936;	feath is sald
	7. AGE Yes, 7s Months Days II LESS than	lo have occurred on the date stated above, at 2:10 4: m.	
stated properl ertifica	49 5 /6 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	ete ol onset
be of	8. Trade, prolession, or particular kind of work done, as SPINNER, Artist Engineer SAWYER, BOOKKEEPER, etc.		ec7.33
should it may n back	9. Industry or business in which work was done, as SILK MILL Coal Mine.		
s sh t it on	10. Date decased last worked at this occupation (month and the files) spant in this occupation.	· · · · · · · · · · · · · · · · · · ·	
so	12. BIRTHPLACE (city or lown) Destempert (State or country)	Other Contributory Causes of Importance: Coronary Thrombous	4.136
y supplied ain terms, See instri	- Strange mount	V	
supplied the See in	13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
	(State or country) Areland	What test confirmed diagnosis? Was there an aute	opsy?
arefull H in pl rtant.	II. MAIDEN NAME Mary White	23. Il daelh was due lo axlernal causes (VIOLENCE) fili în also lhe lollowing:	
be carefu EATH in important	5 16. BIRTHPLACE (city or lown) Incland	Accidant, suicide, or homicide? Data of Injury	., 19
ld be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)	
should OF DE	17. INFORMANT MINE MAN MARIE RESOLUÇÃO (Address) Quidland Mark	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E. ,
63	18. BURIAL, CREMATION, OR REMOVAL Place St. Letter Country Dale Fiel 10, 1936	Manner ol injury	
mation s CAUSE TION is	Place De felles angley pale Fell 10, 1936	Nature of injury	
mation CAUS TION	19. UNDERTAKER M. 6 ichlora	24. Was disease or injury In any way related to occupation of deceased?	
R	20. FILED J. S. 10, 19 36 Registrar.	(Signad) M. M. Columnett (Address Midland Manylan	M. D
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	Jį		
Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

-WRITE

M.

V. S. No. 1

MOTHER

15. MAIDEN NAME

MARGIN RESERVED FOR BINDING

state OCCUPA.

	STATE O	F MARYLAND-	CERTIFICATE OF DEATH 1230		
1. PLACE County	OF DEATH Allegany		Registration Dist. No.		
Village D	0 1 7	and. Md	ND. Allegany Hospital St. 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of	Clayt	eath occurredyrsmos. on .A.Korns	ds. How long in U.S. If of foreign birth?		
(a) Resid	dence: No. → Welle:	rsburg. Pa (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSO	NAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced	21. DATE OF DEATH Feb. 15.1936 193 (Month) (Day) (Year)		
5a. If marriad, wi HUSBAND o (or) WIFE o	1 20010 1 1	outman	22. IHEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIR	TH (month, day, and yaar)	April 6.1888	i last saw hall alive on all 14 , 150; death is said		
7. AGE	Years Months 45 10	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as followed:		
8. Trede, prikind SAWY	ofession, or particular of work done, as SPINNER, ER, BDDKKEEPER, etc	Labor	Caramona of Keule Datogranat		
o work	or business in which was done, as SILK MILL, OI MILL, BANK, etc	n Farm	0		
Date dec	eesed last worked at ecupation (month and	11. Total time (yaars) spant in this occupation			
12. BIRTHPLACE (State or		Pa	Dthar Coutributory Causes of importanca:		

Jacob. A.Korns FATHER 13. NAME Pa 14. BIRTHPLACE (city or town). (Stete or country)

Margaret . Burket

16. BIRTHPLACE (city or town) (State or country

Kornes Joseph. 17. INFORMANT (Address)

18. BURIAL, CREMATION, DR REMOVAL Cemetery ooks

John.C.Wolford Cumberland. 19. UNDERTAKER (Address)

Neture of injury. 24. Was diseesa or injury in env way related to occupation of deceased?

23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?_____ Date of injury____

Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If so, spacify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Where did injury occur?____

Manner of injury

(Signad)

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Chronic interstitial nephrit	is			1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAR 7	1936	Ju	5,1927	Peritonitis	3 days ago
	BUREAU	V. S				
Other contributory caus	ses of importance			7	Other contributory causes of importance:	
Gallstones		M	ay 1,1923	Gastroenteritis	1 year	
			-			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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PHYSICIAN

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Cerebral hemorrhage	MAR 5 1936	July 5,1927	Peritonitis	3 days ago	
	SUREAU V. S.				
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones	the second transfer of	May 1,1923	Gastroenteritis	1 year	
- Aller Same					

Date of onset

23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?______ Date of Injury______, 19. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE, 24. Was disease or injury in any way related to occupation of deceased?

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH

. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLAINLY,

ż

V. S. No. 1

MARGIN RESERVED FOR BINDING

Every item of infor-

	1. PLACE OF DEATH	I MARILAND		
1	County Cellegan	WITHIN CORP	ORATE LIMITS Registration Dist. No.	
	Village or City	To land	No alleganis trales	W
	Village of City	(II	death occurred in a hospital or restitution, give its NAME instead of street and number)	_Ward
	Length of rasidance in city or town where d	aath occurradyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	2. FULL NAME CIVILLY	u Liller	If U. S. Veteran, specify WAR	
	(a) Residence: No.		St., Ward.	el
		(Usual place of abode)	If nonresident give city or town and State	
	PERSONAL AND STATISTI	1	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb. 7	-
	Male thate.	Aungle		ear)
	5a. if marriad, widowad, or divorcad HUSBAND of		22. hHEREBY CERTIFY That i altended decease	d from
	(or) WIFE of			36
e ·	6. DATE OF BIRTH (month, day, and yaar)	ele + 1936	liast saw hip elive on fol 6 , 1936; daath	is sald
cat	7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 3 - a.m.	
certificate	0 0	3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
ce	8. Trada, profassion, or particular kind of work done, as SPINNER,		Uate (ofonset
Jo :	SAWTER, BUUNKEEPER, etc		Congenital Chalectasis 2.4	-36
back	9. industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc			
	0 10. Date deceased last worked at	11. Total time (yaers)		
0	this occupation (month and year)	spent in this		
instructions on	CH.	calterand.	Other Contributory Causes of importence:	
nct	12. BIRTHPLACE (city or town) (State or country)	mil		
str	13. NAME Chelsie	2:00.0		
e ir	E	in	Neme of operation Roma Dete of	
See	14. BIRTHPLACE (cily or town)	On. 11.	Whet test confirmed diagnosis? X - R A - Wes there an autopsy	
t.	15. MAIDEN NAME Mary	H Grant	23. If death was due to external causes (VIOLENCE) fill in also that following:	
important.	I IS BIRTURI ACE (situ or tour	1	Accident, suicide, or homicide? Dete of injury1	
por	16. BIRTHPLACE (city or town) (Stete or country)	naselano	Where did injury occur?	
	17. INFORMANT C. L. C.	NOA)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
ery	(Address)	trun ma		
is very	18. BURIAL, CREMATION, OR REMOVAL	2000	Menner of injury	
	Piace Pelagolaux !	Auto 1210 8 , 186	Nelure of injury	
TION	19. UNDERTAKER	Julant	24. Wes diseasa or injury in any wey related to occupetion of decaasad? 200	
I	(Address)	your mod	if so, spacify	
	20. FILED Ell. 2 196 La	I Frankling	(Signed) Cuthur 1: Joues	_ M. D.
T	20.115	Registrar.	(Addrass) 40 M. Librety 2+.	
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1000000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			D Hermiton

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEAT	TATE O	F MAR	LAND—	CERTIFICATE	OF DEA	IH 1	234
County 2	ele	20-	ALLUM CO	DHPUHATE LIMITS	Registration	Dist. No.	4
Village or City	and	hull		No. Olleg	ution, give its NAME	St.,	Ward number)
Length of residence in cit	ty or town where d	leath occurred	yrsmos	ds. How long in B. S. If	of foreign birth?	угѕг	nosds.
2. FULL NAME (a) Residence: No.	Bitch	form.	Jam	St., Ward.	Lundon	NR-35	2
		(Usual place o				give city or fown an	d State
PERSONAL AN					ERTIFICATE	OF DEATH	
ar v	R OR RACE	5. SINGHE MARK OR PHORCED	(wite the word)	21. DATE OF DEATH	(Month)	(Day)	193 (Year)
5a. if married, widowed, or divo HUSBAND of	rced	1					
(or) WIFE of				22. THEREBY	1926 to	Y That I attended	deceased from
	. 6	A 7 -	-1621	11			, 19.
6. DATE OF BIRTH (month, day 7. AGE Years	(, and year)	Days	if LESS than	I last saw h alive on		Acceptable to the second	; death is said
1. AGE TEGIS	months	Days	1 day,hrs.	to heve occurred on the dete state The PRINCIPAL CAUSE OF DEA			
			ormin.	were as follows:	are one related cads	os or importance	Date of onset
8. Trade, profession, or pe kind of work done, SAWYER, BOOKKEE	as SPINNER,			01.001			
A Industry or business in	which			Succes			
work was done, as S SAW MILL, BANK, e	ILK MILL,	_					
10. Date deceased lest wor this occupation (mory year)	ked at nth end		ne (years) t in this pation			••••••	
	6	1-1-	al lan	Other Contributory Causes of imp	ortance:	1	
I2. BIRTHPLACE (city or town). (Stete or country)	- Carr			Eclamp	ua.	£	
	5	77-		wollin		<i></i>	
13. NAME 14. BIRTHPLACE (city or to	1	1	7				
14. BIRTHPLACE (city or to	wn)	a	/	Name of operation		Dete of_	
(State or country)		7 0		Whet test confirmed diagnosis?		Was there an	autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or to	home	ula &	lan	23. If death was due to externel ca	uses (VIOLENCE) fil	i in aiso the following	ng:
6 16. BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide?		Dete of injury	, 19
State or country)		ra		Where did injury occur?			
17. INFORMANT alv	u E	Lows	PF	Specify whether injury occurred i	in INDUSTRY, in HO	town, county and Sta ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION OR R	EMOVAL	7 - 0		Manner of injury			
Place / Public	eu la	1 gate JEC.	- 8 ,193L				
19. UNDERTAKER	uis to	There	Luca	24. Wes disease or injury in any v	way releted to occupa	tion of deceased?	
06.00	36 LL	PAL	nkh-M	if so, specify (Signed)	ing. M	una	M. D.
	15	blanks are maded as	Registrar.	(Address)	- JV	ange	7.

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V. 8				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			3 3	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back

is very

LION

FATHER

MOTHER

10. Date deceesed last worked at

14. BIRTHPLACE (city or town) (State or country)

f6. BIRTHPLACE (city or town). (State or country)

f8. BURIAL, CREMATION, OR REMOVAL

12. BfRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

17. INFORMANT _

19. UNDERTAKER

(Address)

(Address)

this occupation (month end

13. NAME Geo Faulkner

Emma.

of OCCUPA-

	STATE (OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE O	F DEATH		95-6
County	Allegar	ıy	Registration Dist. N
Village or C	city Ellers	slace Md	No. Ellerslala.d
Length of res	idence in city or town where		(If death occurred in a hospital or institution, give its NAME instead losds. How long in U.S. If of foreign birth?y
	ME Minnte		St., Ward.
PERSON	AL AND STATIST	CICAL PARTICULARS	MEDICAL CERTIFICATE OF
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED. OR DIVORGED (with the word)	21. DATE OF DEATH Feb. 27
5a. If married, widow HUSBAND of (or) WIFE of	ved, or diverced app	Lowery	(Month) (D
6. DATE OF BIRTH	(month, day, and yeer)	Mar 11 1884	1 last saw h er alive on tab 2 7
7. AGE Yes 51	7 7	Days If LESS than If day,hr	to have occurred on the date stated ebove, at3 m. The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:
SAWYER,	ssion, or particular work done, es SPINNER, , BOOKKEEPER, etc business in which	House wife	Foundal Regard disease mot know haden Death, Turks

11. Total time (years) spent in this

Bloom

lls Papate Mar. First.l

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1/

Lowery

John.C. Wolford

Cumberland

occupation __

		or toreign birthi:yrsmosds
	If U. S. Veteran,	, specify WAR
St.,	Ward.	/
		If nonresident give city or town and State
	MEDICAL C	ERTIFICATE OF DEATH
21. DA7	TE OF DEATH	Feb. 27 1936
		(Month) (Dey) (Yeer)
22.	I HEREB	Y CERTIFY, Thet I ettended deceased from
	and .	, 19, to
1 last saw	h_Walive_on	193 6; death is seld
to have or	courred on the date state	ed ebove, at 13 - 30 m.Pm
The PRfN	CIPAL CAUSE OF DEA	TH and related causes of importence
-		Date of enset
L		ease not known cure B
a	cute Sile	tion of
	Tent	Decident wow dead thirty
minut	Es Refare Al	hypician orrived.
Other Con	atributory Causes of imp	4
apy	harently well	previously . she sat down in
-a-Jk	oching-chair.	and died very suddonly.
Neme of o	operetion	Date of
What test	confirmed diagnosis?	Wes there en eutopsy?
23. If death	was due to external ce	uses (VIOLENCE) fill in elso the following:
Accident,	suicide, or homicide?	Date of injury19
Where did	l injury occur?	
Specify w	hether injury occurred i	(Specify city or town, county and State) n INDUSTRY, in HOME, or in PUBLIC PLACE.
-Manner of	f injury	
Neture of		
24. Was dis	sease or injury in any w	vay related to occupation of deceased?
16 00 000	eify 1	

I or institution, give its NAME instead of street and number)

V. S. No. 1

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago 1 week ago
Arteriosclerosis MAR 7 III	1915 1921	Attack of epilepsy	
Chronic interstitial nephritis		Run over by street car	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS statement Exact PERMANENT 田 properl THIS may pluods that supplied. plain carefully E DEATH be

BINDING

FOR

RESERVED

MARGIN

OCCUPAshould item certificate. back on instructions See ant im plnods very OF WRITE CAUSE mation LION

STATE OF MARYLAND—CERTIFICATE OF DEATH Dr Mathews 1. PLACE OF DEATH HTHIN CORPORATE LIMITS Allegany . Co Md Registration Dist. No. Memoral Hospital Cumberland. Md (If death occurred in a hospital or institution, give its NAME instead of street and number) ____vrs_____mos.____ds. How long In U.S. if of foreign birth?_____vrs_____mos__ Length of residence in city or town where death occurred... Maggie. Lynn. 2. FULL NAME If U. S. Veteran, specify WAR__ .Pattersons. Ave (a) Residence: No. (Usual place of abode) If nonresident give eity or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (April 4 the word) Female White (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of A . BTOWn . Lynn (or) WIFE of Nov.7.1857 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 1.30 9, m 7. AGE Months If LESS than 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc.____ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER Joseph.Fleek. 13. NAME Wva 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there an autopsy?____ MOTHER Dont Know 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT _ (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury. John.C.Wolford 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, spedify Registrar. (Address) __ 1-7-7-

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	denir el engage			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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an arms	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

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w a company 4.8				
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT COMD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATER plain terms, so that it may be properly classified. Exact statement of OCCUPA. CAUSE OF DEATH of plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.-WRITE PLAINLY, WI

V. S. No. 1

	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82a) ×
County Alexander	Registration Dist. No.
Village or City Nikely	No. St. Ward
Langth of residance in city or town whara death occurred yrs mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Daniel Wash	X
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR PACE OR DIVORCED Owning the world) 5a. If married, widowed, or divorced HUSBAND-of	21. DATE OF DEATH The state of
(or) WIFE of Sungle	22. I HERERY CERTIFY. That I attended deceased from The 1936 to Feb. 54 1936 Hast saw has a alive on Feb. 55
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	1 last saw in 23,2200 alive oil
79 1 day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER. Be trued Alrohant SAWYER, BOOKKEPER, etc.	were as follows: Circle al Marshage Date of onset
Sindustry or business in which work was done, as SILK MILL, Retail State SAW MILL, BANK, etc. 11. Total tima (years) spent in this occupation (month and 1973).	
12. BIRTHPLACE (city or town) LCR hard (State or country)	Other Contributory Causes of importanca:
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of oparation
(State of Country) Xeeywar	What test confirmed diagnosis?
15. MAIDEN NAME Colley Breise 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Addrass)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?
18. BURIAL, CREMATION, OR REMOVAL Place St. S. Alniels Curity Date Reh. 8, 1936	Manner of Injury
19. UNDERTAKER M, Exclusion from (Addiass) Gardening Mod.	24. Was disease or injury In any way ralated to occupation of deceasad?
20. FILED Fire 7, 19 36 S. A. Boncher Registrar.	(Signed) Harry M. D. (Address) Arracon M. D.
If more blanks are needed, address State Revistrar	

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Example I	il	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAR 4 1999	July 5,1927	Peritonitis	3 days ago	
SURPAN V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(P2-0)
County alle 4 gruy	Registration Dist. No. / O
Village or City 404 Cavage	No. St., Ward
(A)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Martha Marte	ne y
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3.SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED.	21. DATE OF DEATH
Lemale White OR DIVORCED (write the word)	7el. 28 102 6
5a If married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Jhat I attended deceased from
Jasper Marine	Feb. 25, 1036, 10 Feb 28, 136
6. DATE OF BIRTH (month, day, and year) Opul 1849	I last saw her alive on Feb 25 , 1936; death Is said
7. AGE 86 Years 10 Months Days If LESS than	to have occurred on the date stated above, et. 6.357 m.
unfenous I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Enterties 25
	de crebal Softwarg
work was done as SILK MILL	
O 10. Date deceased last worked at this occupation (month and spant la fits occupation (month and occupation occupation	
12 PIDTURE ACT (Allers Actions) Great Control of the Control of th	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	war sarra
13. NAME John Heavenes	- Stilling
14. BIRTHPLACE (city or town) Lecroscopy	Neme of operation.
(State or country)	Plante ea l
15. MAIDEN NAME Douty now	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was there are a the was the wa
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT Mary & Machin	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	Specific Figure 1 in the service in
18. BURIAL, CREMATION, OR KEYOVAL	Manner of Injury
Place McGarage Date Mar, 2, 19 26	Nature of injury
19. UNDERTAKER Dusst Frostburg Mil	24. Was disease or injury In any way related to occupation of deceased? Lo
(Address)	If so, specify
20 FILED 2/2 9 1006 A. J. Rotetten N. D	(Signed) / Statutes M. D.
Freak Registrar.	(Address) Just Sauge Quile

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

V. S. No. 1

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	A	1
I	4	4	A

1. PLACE OF DEAT		13,		48)	*	2
County Cycle Village or City A	gany,	7		No.	Registration Dist. No	St Ward
Village of City3	Linksd	Sil	(If	death occurred in a hospital or institu		
Length of rasidanca In city	or town whare da	eath occurred	yrsmos.	ds. How long In U.S. if o	f foreign birth?yrs	ds.
2. FULL NAME B	artha	Pearl	Mc Elfi	If U.S. Veteran epecif	y WAR.	
(a) Residence: No.	Elintsli	(Usual place	of abode)	St., Ward.	If nonresident give city or to	wn and State
PERSONAL AND	STATISTIC	CAL PARTI	CULARS	MEDICAL C	ERTIFICATE OF DEA	ТН
Temole 34h	or race		RIED, WIDOWED. (write the word)	21. DATE OF DEATH	Fali (Day)	, 193 <u>(</u> (Year)
5a. If married, widowad, or divorce HUSBAND of (or) WIFE of	e. B. 9	Mc Elf	ish	Jan 20	CERTIFY, That I at 1935, to Feb. 2 Feb 20 1	0 19.36.
6. DATE OF BIRTH (month, day, 7. AGE Yeers		ret. 6. 10	If LESS then	to have occurred on the data state		9.26; death is seld
AGE Teers	Months	Deys 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH end related causes of Important	De
8. Trada, profassion, or par kind of work dona, a SAWYER, BODKKEEP 9. Industry or businass in	ticular s SPINNER,	1 0	ormin.	were es follows:	er of the	Date of onset
9. Industry or businass In work was dona, as SI SAW MILL, BANK, at	which	ouse w	ife	C. C.		221:
work was dona, as SI SAW MILL, BANK, at 10. Dete decaasad last work this occupation (mont yaar)	ed et	11. Total ti spat occu	(yaers) it in this pation		a soosthas	7-08
12. BIRTHPLACE (city or town) (Stata or country)	Te	me		Other Coutributory Causes of imp	Ortanca:	
13. NAME	s Be	rett				
13. NAME 14. BIRTHPLACE (city or town	/n)			Neme of operation	Da	ite of
(Stata or country)	Bedy	ord Co	unty.	What test confirmed diagnosis?	Was the	ara an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or tow	mary	Chene	1-1	23. If death was due to external ca	uses (VIOLENCE) fill In also the f	oliowing:
(State or country) (State or country) (State or country) (State or country)			Accident, suicide, or homicide?			
17. INFORMANT (Address)	stone	Ma	Jusia	Specify whether injury occurred i	n INDÚSTRY, in HOME, or in PÚB	EIG PLACE.
18. BURIAL CREMATION OF RE	Cemeter	Date Fol	24 ,1936			
19. UNDERTAKER	rain	Dinit	the Pa	24. Was disaasa or injury in any v	vay related to occupation of decees	sad?
20. FILED 2/24 , 19	36 2	Ben	Registrar.	(Signed) Diz	a. P. Twi	99- M.D.

-WRITE PLAI

N. B.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.—

(Address)

Registrar.

If so, specify

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	OE FOR	FURTHER S	STATEMENTS	BY	PHYSICIAN
----------------	--------	-----------	------------	----	-----------

1.	PLACE OF DEA)	TE/TIVE	UST-0 Dr C.L.Owens	S
	County	Alle	gany	VITHIN CORE	PORATE LIMITS Registration Dist. No.	4
	Village or City	Cumberl	and. Md	(1)	No. 101.Potomac. St St., 6	-2 Ward
	Length of rasidance in c	ity or own where	daath occurred		ds. How long in U.S. If of foreign birth?yrsm	
2.	FULL NAME	Listain	t me	- Jan	If U. S. Veteran, specify WAR	
	(a) Residence: No.	10016	Pota-	/ /	T St., 6 - 2 Ward.	
	(a) nesidence. No		(Usual place	of abode)	If nonresident give city or town and	State
	PERSONAL AN	ND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	3.0 19	OR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Feb. 25 1936	, 193
5a. If	married, widowed, or div	orced			(Month) (Day)	(Year)
(USBAND of (or) WIFE of				22. I HEREBY CERTIFY. Thet I attended Tet 22, 1936, to Fer 22	degreased from
6. DA	TE OF BIRTH (month, da	y, end year)	Feb. 14.	.1936	I last saw hour alive on Jet 22 1936	; death is said
7. AGI	E Years	Months	Days	If LESS than	to have occurred on the dete stated above, at 1.30 Am	
	0	0	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance ware as follows:	
RATION	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	particular , as SPINNER, EPER, etc.				Date of onset
Z /	9. Industry or business I	n which			Low Closure tocamen	succe
3X	work was done, as SAW MILL, BANK,	etc			hou glosure tocamen	1
o I	O. Date deceased last wo this occupation (mo year)	onth end	spa	ima (years) nt in this upation		Tues
12 R1	RTHPLACE (city or town)		Md		Other Contributory Causes of importance;	
16. 01	(State or country)					
<u>در</u> ا	3. NAME	Jerry 3	w Alra	w.		
FATHER	4. BIRTHPLACE (city or t			Md	Name of operation Date of	-
IL.	(State or country)	OWII)	***************************************		Whet test confirmed diagnosis? Was there an a	outanau?
교 교 1	5. MAIDEN NAME	Elsa.	Imes		23. If daath was due to external causes (VIOLENCE) fill In also the following	
H O	6. BIRTHPLACE (city or to	own\	Md	1	Accident, suicida, or homicide? Date of injury	
X 1	(State or country)	OWII)	A		Where did injury occur?	p 1 J
אויינו		cry Mad			(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL/	e) ACE,
Ja. BU	IRIAL, CREMATION, OR	REMOVAL			Manner of Injury	
-	Place Rose H	111	Dete Feb	.26.1,936	Nature of injury	
		John . C	.Wolfor	d		
19. UN	(Address)	Cumh	erland.	Md	24. Was disease or injury in any way related to occupation of deceased?	
	67.1	- ()	22	11 201	(Signed) (Signed)	
20. FU	ED LANGE 3	196	- Whon	Registrar.		o a ol

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

. S. No. 1

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Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

V. S. No. 1

PLACE OF DEATH County allegny	STATE OF MARYLAND CERTIFICATE OF DEATH
WITHIN LOR DRATE LIME	Registration Dist. No.
Village or City Hystling (No. Mr. 2FULL NAME Was Oliver me	for Hoo. St: Ward) (If death occurred in hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 746-1344, 1936 (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS that I dayhr or	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. do
10 NAME OF FATHER Was Clares me Long Jr. 11 BIRTHPLACE OF FATHER (State or country) Hypothyma , mol. 12 MAIDEN NAME OF MOTHER May Color M. B. Co.	(Signed) W alfall V M. I. M. M. I. M
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosdd Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE (Address) The Best OF MY	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Theory 1.3, 193.
Filed Field, 13 1926 Q. A. Waller Registrar	20 UNDERTAKER ADDRESS Jantoney
If more blanks are needed, address tate Registr	Par 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, etc., especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer-Coal mine, etc. Wom-Salesman. 6 Grocery;

Strtement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, (tetanus) may be stated under the head of "contributory." approved by Committee on diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sareoma, etc., of carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Recommendations on statement of cause of death Examples: Aceidental drowning; Struck by railway train taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. The contributory valvular heart disease; Nomenclature Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RESERVED

MARGIN

V. S. No. 1

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
	201		
Other contributory causes of importance:	-7400	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Arteriosclerosis Chamic intentified a schrift	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1336	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

County WITHIN CORPORATE LIMITS Village or City State St		ND-CERTIFICATE OF	DEATH 1248
Village or City Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (b) Clust place of abode) (a) Residence: No. (b) Clust place of abode) (c) Ward. (c) Ward. (d) Ward. (d) Ward. (d) Ward. (d) Ward. (e) Ward. (i) Ward. (ii) Ward. (ii) Ward. (ii) Ward. (ii) Ward. (iii) Ward. (iiii) Ward. (iii) Ward. (iiii) Ward. (iiii) Ward. (iii) Ward. (iiii) Ward. (1. PLACE OF DEATH	THE LIMITS (167)	
Length of residance in city or town where death occurred 3 yrs	County Allegning . WITH	CORPORATE LIMITS Regis	stration Dist. No.
2. FULL NAME (a) Residence: No. 6. Full place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (b) DIVORCED (variet lba word) (c) Orio Mile of Contributory of the Contributory of the Contributory of the Contributory Causes of importance in this occupation (month and year) 8. Trede, profession, or particular soft of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Oate deceased last worked at this occupation (month and year) 12. BIRTIIPLACE (city or town) (Stata or country) As How long in U. S. if of foreign birth? yers. mos. ds How long in U. S. if of foreign birth? yers. mos. ds How long in U. S. if of foreign birth? Yers. mos. ds How long in U. S. if of foreign birth? St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (0ey) (Vaar) (Month) (0ey) (Vaar) (Month) (0ey) (Vaar) (Vaar) 22. I HEREBY CERTIFY, That I attended daceasad from the date stated above, at 12 4 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Oate olonse Other Contributory Causes of importance:	Village or City Comments.	No. Sanshall &	St., Ward
(a) Residence: No. 6/4 Full place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word) 5.5. If married, widowed, or divorced HUSBANO of (Month) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LES then 1 day, has, or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which word was done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done as SPINNER, SAWYER, BOOKKEPER, etc. Other Contributory Causes of importance: Other Contributory Causes of importance:	Length of residance in city or town where death occurred y	ds. How long in U.S. if of foreign b	oirth?ds.
Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 9. BU DIVORCED (write tha word) Whise of Corrie that word) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LES than 1 day,	2. FULL NAME Kobest 6 Smill		
3. SEX 4. COLOR OR RACE OR DIVORCED (varite tha word) 5s. If married, widowed, or divorced HUSBANO of (or) WIE of			nresident give city or town and State
5a. If married, widowed, or divorced HUSBANO of (or) WIE of Cor) WIE of Cor) WIE of Cor) WIE of Cor) WIE of Months Deys If LES than 1 day,hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) Other Contributory Causes of importance:	PERSONAL AND STATISTICAL PARTICUL	RS MEDICAL CERTIF	CATE OF DEATH
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. 8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) (Stata or country) 22. I HEREBY CERTIFY, That I attended daceasad from the date stated above, at 12. A.m. 11. Total time (years) spent in this occupation Other Contributory Causes of importance:	5a. If married, widowed, or divorced	(Month)	(Oay) (Yaar)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs. ormin. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	aima of Citalla Shore!		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (Stata or country) 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows: Oate ol onse Volume of the date stated above, at 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1901 Hast saw h all attrecant mes	dright), 19 ; daath is said
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) 12. BIRTIIPLACE (city or town) (Stata or country) Oate of new as follows: Oate of onse Oate of oate of onse Oate of oate of oate of oate oate Oate of oate oate oate Oate oa	20,0	The state of the date stated above, a	
8. Ireae, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation Other Contributory Causes of importance:	34 6 7 or	THE FAIRCIPAL CAUSE OF DEATH and felt	Oate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation Other Contributory Causes of importance:	8. Trede, profession, or particular kind of work dona, as SPINNER,	Lyn shel	wayed
11. Total time (years) spent in this occupation Other Contributory Causes of importance: 12. BIRTIIPLACE (city or town) (Stata or country) 13. Total time (years) spent in this occupation Other Contributory Causes of importance:	9. Industry or business in which	through Ch	est &
11. Total time (years) spent in this occupation Other Contributory Causes of importance: 12. BIRTIIPLACE (city or town) (Stata or country) 13. Total time (years) spent in this occupation Other Contributory Causes of importance:	work was dona, as SILK MILL, SAW MILL, BANK, etc	Black	Lucide.
yaar) occupation Other Contributory Causes of importance: 12. BIRTIIPLACE (city or town) (Stata or country)	10. Oate deceased last worked at 11. Total time (y	s))
12. BIRTHPLACE (city or town) Sad.			
		Other Contributory Causes of Importance:	
13. NAME fas It Smiller	13. NAME Jas M. Smiller		
13. NAME (In the Name of operation) 14. BIRTHERACE (city or town) Date of	I 14 BIRTHPYACE (city or town)	Name of operation	Division
14. BIRTHEXACE (city or town) (State or country) Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	(State or country)		
15. MAIOEN NAME Visginia Control 23. If deeth was due to external causes (VIOLENCE) fill in also the following:	15. MAIOEN NAME Visamia lovalo		
16. BIRTHPLACE (city or town) Accident, suicide, or hominidence could be pate of Injury 2 - 12, 193 (16 BIRTHPLACE (city or town)	1	/ /
(State or country) Where did injury occur?			esta- 2
(Specify city or town, county and State) 17. INFORMANT	17 INFORMANT FOR Conflict	(Specif	y city or tows, county and State)
(Address) (morteland . Cullic Flace - allest of Marchell			aller of marchell
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	18. BURIAL, CREMATION, OR REMOVAL		at her and Sime
Place Mil Itall Clary Data 2/20, 1936 Nature of injury throught about & heart	Place Itall Cisal Data 2/2	10 3 6	It akest a kent
19. UNOERTAKER 24-3016 Steam One 24. Was disease or injury In any way related to occupation of deceased?			to occupation of deceased?
20. FORD Let 19, 19 6 Jan Flranklin. 311 (Signet) So Chankfur M. A. Secol Jan	of 1 months and	30 (Signor) Softantifu	M. S. Jacal frayo.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	If more blanks are needed, address		

Statement of various pursuit ceased had re returned as in answer however who h	Attement e entre occ occ occ occ occ occ occ occ occ oc	of occupat y in this se upation pri n whose on to Question te terms	cion is very important, so that the relative healthfulness of action for every person aged 10 years or over. If the desort to retirement. Children not gainfully employed may be ally occupation was that of home housework, write housewife on 9. For a person engaged in domestic service for wages, as servant—private family, cook—hotel, etc. For a person ork done.
444	The philipping of	Wite 20 to	the occupation. """ upation. """ "" "" "" "" "" etc. Find
In stating the out the particular		Ch Sug All Al	worker," "operative," etc. Find
In stating the inc. the particular kind of s.	Derith The sal series	Moli Milay.	the occupation. """ "" "" "" "" "" "" "" "" "" "" "" "
chanical engineer, mining e of the occupation can be see	on the olded district	this are still in	"laborer" when a more precise statement exact occupation, as carpenter, painter.
should be called a salesman Statement of cause of mode of dying, e. g., heart As related causes, name ea of the principal cause. Unde	dooth Con or	Charles de	disease or injury causing death. disease or injury causing death. disease or injury causing death. and the complication death. Examples:
The principal cause of deat of importance were as follow	h and related causes	the done	by the the party of the party o
Arteriosclerosis	RECEIV	19, 200	1 week ago
Chronic interstitial nephritis	• • • •	1921	1 week ago
Cerebral hemorrhage	MAR 7 233	July 5,1927	Other con.
		6	Total to the state of the state
			The state of the s
Other contributory causes	f importance:		Other con of the control of the cont
Gallstones		May 1,1923	Castroenteritie 9 3 4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
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			John The

STATE OF MARYLAND—CERTIFICATE OF 1. PLACE OF DEATH HIN CORPORATE should Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______yrs.____mos.___ Length of residence in city or town whare death occurred mos...___ds. SICIAN 2. FULL NAME if U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Dav (Year) classified 5a. If married, widowad, or divorced HUSBAND of CERTIFY. That I attended decaased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Yaers Months Days If LESS than 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 0 or min. were as follows: Date of onset Trade, profession, or particular THIS kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.... he 9. Industry or business In which work was dona, as SILK MILL SAW MILL, BANK, etc._____ may back should 10. Date deceased lest worked at 11. Total tima (years) this occupation (month and spent in this occupation_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town Name of oparation. (State or country) What test confirmed diagnosis?. carefully Was thera an autopsy?____ D OTHER important. 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: H DEATH Accident, suicide, or homicide?_______ Deta of Injury_________19___ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? ... pe (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. P 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE Nature of injury. CAUS 24. Was disaasa or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 7	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Luly 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAstated EXACTLY. K-THIS IS A PERMANENT properly classified. certificate. should be GAUSE OF DEATH in plain terms, so that it may be ON is very important. See instructions on back of UNFADING I AGE mation should be carefully supplied. -WRITE PLAD N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	250
1. PLACE OF DEATH	- Que	
County allegany	Registration Dist. No.	7
Village or City Aregousuille	No. Coregausville Ma	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital of institution, give its NAME instead of street and a ds. How long is U.S. If of foreign birth?	
2 FILL NAME Man Eliabet myen	If U.S. Veteran specify WAR	
(a) Residence: No. Coni gausville	MSt. Ward.	
(1) residence. No. (1) ual place of abode)	If nonresident give city or town and a	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Feb.	6
5a. If married, widowed, or divorged	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended d	deceased from
Jesige N. Myris	7 1, 1936 to Feb 9	1932
6. DATE OF BIRTH (month, day, and year) Dec 1 1863	I last saw h. TY alive on Tet 9 /1936	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on tha date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
78 V 8 ormin,	were as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which	7	7.66
9. Industry or business in which work was dona as SILK MILL.	Joseph	1936
work was dona, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month and spant in this occupation occupation		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	24
(Stata or country)	Corterio Saleras	29-
13. NAME Houry Laph		
14. BIRTHPLACE (city or town)	Name of operation Oate of	
(State of country)	What test confirmed diagnosis? Was there an at	utopsy?
15. MAIDEN NAME Mary & Stable	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of Injury	, 19
W M	Whera did injury occur? (Specify city or town, county and State	:) .
(Addrass) Occos a gall san lo Md	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placa Dellusioned Celloate 18 1. 1936	Natura of Injury	
19. UNDERTAKER Forces Steven Steven	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass) - Cure Grahaug M	of so, specify The Man A	
20. FILED 2-10 , 1936 & Glays Walfe	(Signed) Cart to James R	M. D
Refestrar.	(Address)	

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 7 1930	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstilial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

1. PLACE O

CTATE OF MADY AN	D CEDTIFICATE	OF DEATH	1051	
STATE OF MARYLAN	ID-CERTIFICATE	OF DEATH	1251	
F DEATH			LA	
aligaus	~~v===================================	Registration Dist. No.	10	
ity hat tasage to	No		St.,	Ward
idance in city or town where daath occurred	(If death occurred in a hospital or in	** ** * ****		(3:
dance in city of town where dastil occurred.	now long in o.s.	. If of foreign birth?yrs.	mos	as

County County	Registration Dist. No.
Village or City Fut towaste	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foraign birth?yrsmosds.
V MIA	us.
2. FULL NAME OMPRILLE (hel	X
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write tha word)	(Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBANO of	22. I HEREBY CERTIFY, That I attanded deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) 7-6-29-16-3-6	I last saw h; death is said
7. AGE Yaars Months Days If LESS than	to have occurred so the data stated above, atm.
1 day,hrs.	The PRINCIPAL GAUSE OF DEATH and ralated causes of Importance wara as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER.	Oate olonset
SAWYER, BOOKKEEPER, etc.	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
2 10. Oate daceasad last workad at 11. Total time (years)	
this occupation (month and yaar) spant in this occupation	
12. BIRTHPLACE (city or town) MX Tarafl	Othar Centributory Causes of Importance:
(Stata or country)	
13. NAME DIM M. D. HADE	
14. BIRTHPLACE (city or town)	Nama of oparation Oata of
(State or country)	What tast confirmed diagnosts? Was there an autopsy?
15. MAIDEN NAME Clus a G Cruss	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16 BIRTHPLACE (city or town) hut taken &	Accident, suicida, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT TO LIA MY A LANGE OF THE CANADA OF THE CANAD	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	
Placa W Sovage hed Oata 2/29 , 1936	Mannar of injury
19. UNDERTAKER L. L. L. Durst L. G. L. L.	24. Was disaase or injury in any way related to occupation of daceased?
(Addiss)	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAR 3 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1252
1. PLACE OF DEATH	(31)
County allegany	Registration Dist. No.
Village or City Casabtran	No. Cresallours md St. Ward
	death occurred in a hospitator institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Harm M. Portser	01 . 10
10. +	If U. S. Veteran, specify WAR Afternal - Clintonies
(a) Residence: No. (Usua place of abode)	., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (grize the word)	21. DATE OF DEATH Ser. Sp. 193 6 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Surgle	22. I HEREBY CERTIFY. Thet I attended deceased from
6. DATE OF RIRTH (month, day, and year) Feb. 15 1871	last saw have alive on 22 / 19 36 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
1.6 1.1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
101	were as follows:
S Trade, profession, or particular kind of work done, as SPINNER, Machinest SAWYER, BDDKKEEPER, etc.	Cardiae Faelus
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	U
this occupation (month and Oct 35 spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	have a first the area
□ 13. NAME & 8	Tames describe.
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete or country)	What test confirmed diagnosis?
E 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT address Ciderar Ciderar (Address) Cemelreland mol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Childrest Date Feb (6, 1936	Neture of injury
10 UNDERTARER GROOM Minin & me	24. Was disease or injury in any wey related to occupation of deceased?
(Address) De fleel mg	If so, specify
20, FILED W/13 1936 MW/ munti-	(Signed) M. D.
Registrar.	(Address) 122 Religion 57
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	ii ii	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

OCCUPA. Jo statement SI Exact BINDING properly FOR MARGIN RESERVED may that plain carefully

1. PLACE OF DEATH

County

Village or City. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town-where death-Occurred. How long In U. S. if of foreign birth?______ds. (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (wrighte word) (Month) 5a. If married, widowed, or divorced HUSBAND of 22. MEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2 30 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ormin. rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ PAT 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_. Was there an autopsy?..... MOTHER mportant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? ... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. should 17. INFORMANT OF (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury WRITE CAUSE Nature of Injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH Registration Dist. No.

Date of onset

S. No.

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	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAD 4 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	EUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	254
1. PLACE OF DEATH		Torial x	
County allegany		Registration Dist. No.	
Village or City Lack Va	T	No. St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town where death occurred	yrs mos	10	
2. FULL NAME Win David	Reun	If U.S. Yeteran specify WAR	****************
(a) Residence: No. Eth Lar	t	St., Ward.	
(Usual place		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
Male white OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day)	, 193 (A
5a. If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY. That I attended	deceesed from
(or) WIFE of	Marie Land	Feb 6 ,1936,10 Feb 14	, 1936
5. DATE OF BIRTH (month, day, end year) 20 ///	935	I last saw have elive on Fef 13	; death is sale
7. AGE Years Months Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 1:40/4m.	
3 3	ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	+	Bedroho Preumona	Fef
e. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			1.93.4
10. Date deceased last worked at 11. Total t	time (years) ent in this	Course of death Devation: one stated	
year) ocs	upetion	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 24 have (State or country)	<u></u>		
13. NAME of his Francis Re	nnil		
13. NAME In Francis 14. EIRTHPLACE (city or town) (State or country)		Name of operation Date of What test confirmed diagnosis? Clerk Fund Was there an a	utopsy?
15. MAIDEN NAME Talkerine B. III	right	23. If death wes due to externel causes (VIOL ENCE) fill In also the following	
16. BIRTHPLACE (city or town)	st	Accident, sulcide, or homicide? Data of injury	, 19
(State or country)	9	Where did injury occur? (Specify city or town, county and State	e)
17. INFORMANT And Benefit		Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	
18. BURIAL, BREMATION, OR REMOVAL Place Echlant Cem Date Fel	L 16 1036	Manner of injury	
19. UNDERTAKER Jacob Hafe) 1	24. Wes diseasa or Injury In any way ralated to occupation of daceased?	no
(Address) , Frostbufg	Mid.	If so, specify	
20. FILED 2/16, 19.36 Q.R. 115	Wern Registrar.	(Signed) (Address) Frankly	m. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L I M El

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI pinoas Registration Dist. No. County No.__ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If ol foreign birth?________mos._____ds. Length of residence in city or town where death occurred statement 2. FULL NAME PHYSI (a) Residence: No. If ponresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, 5a. If married, widowed, or divorced HUSBAND of 22. Y. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 1:30 P. m Days 7. AGE Months If LESS than I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of enset 8-Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation ___ Other Cautributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME HE Neme of operation__ 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? _____ Wes there an autopsy?___ 15. MAIDEN NAME important 표 23. II death was due to external causes (VIOLENCE) fill in elso the Iollowing: Accident, sulcide, or homicide?______ Date of Injury_______ 19__ OF DEATH 16, BIRTHPLACE (city or town) (State or country) Where did Injury occur? pe Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 17. INFORMANT pluods (Address) 18. BURIAL, CREMATION, OR REMO Manner of injury WRITE. CAUSE mation Nature of injury_ TION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

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BINDING

RESERVED

MARGIN

S. No.

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	, ,			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			CT I I	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	S	TATE O	F MARY	/LAND-	CERTIFICATE OF DEATH 1951	0
1	. PLACE OF DEA	TH	WITHIN	CORPORA	(ETIMITE (B)	1
		EGANY		CONFORM	Registration Dist. No.	
	Village or City	UMBERLAN	ID, MD.		memoreal Harp St.6-	Ward
	Length of residence in c	ity or town where d	eath occurred		death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in a hospital or institution, give its NAME instead of street and number of the death occurred in	
	. FULL NAME) f- f- 1	al al	(200	If U. S. Veteran, specify WAR	2 - 4+ 5
ľ	(a) Residence: No.	i	SAOTE CAR	So per	St., Ward,	2/2
antitro	(a) Nesidence, No.		(Usual place o	f abode)	If nonresident give city or town and St	ate
	PERSONAL AN		CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	102
	ersaw 21	auc	Leny	yle_	FEBRUARY 6 (Month) (Dey)	(Year)
Ja.	If married, widowed, or div HUSBANO of (or) WIFE of	orcea	_		22. I HEREBY CERTIFY, That I attended de	ceased from
-		1	0 /		fet 6, 1936, 10 Let 6	, 1936
-	DATE OF BIRTH (month, da	1	ea B	1936	72	death is seid
7.	AGE Years	Months	Oeys	If LESS than 1 day,hrs.	to have occurred on the dale steled above, at & The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
_	0	0		ormin.	ware as follows:	Date of onset
NO	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	, as SPINNER,			Toxomea from Malernol	
OCCUPATION	9. Industry or business i	n which			ellenpain.	
5	work was done, es SAW MILL, BANK,		1 11 7.1.11			
ő	10. Date deceased last wo this occupation (mo year)	onth and		ne (years) tin this pation		
				, and a second	Other Contributory Causes of importance:	
12	(State or country))NEA	40RIAL H	0SP		
ER	13. NAME GLENN	DTIEV	Alada			
FATHER	14. BIRTHPLACE (cily or t	own) WES	ST VIRGI	NTA	Name of operation Date of	
-	(State or country)				What lest confirmed diegnosis? Was there an aut	opsy?
MOTHER	15. MAIOEN NAME	ETTA RI	EY V. B	orcher	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
D	16. BIRTHPLACE (city or t	own) WES	ST VIRGI	NIA	Accident, suicide, or homicide? Dele of injury	, 19
2	(Slate or country)		0.	7	Where did injury occur? (Specify city or town, county and State)	
17	INFORMANT	len	Mele	4	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC	E.
18	(Address) BURIAL, CREMATION, OR	the second secon		Ma	Manner of injury	
	Place	AM DE	Date Cal	2,136	Nelure of injury	
10	UNOERTAKER	Cen	18.1	2	24. Wes disease or injury in any way related to ocapation of deceased?	
13	(Address)	Jane,	Can	dr Me	If so, specify	
20	FILEDRE 7	19.3.6 Ja	Potra	uklum	(Signed) Thurst Regurds	M. D
DR	REYNOLDS	_//		Registrar.	(Address) Standard Ma.	
		If more	blanks are needed, ac	idress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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	Example I	li-	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	\ <u>\</u>	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S.	July 5,1927	Peritonitis	3 days ago
	9.13			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				

STATE OF MARYLAND-CERTIFICATE OF DEATH PHYSICIANS should state of OCCUPA. Every item of infor-

	OF DEATH	WITHIN	CORPORATE	E LIMIY8	— (31)	2.0		4
County	ullyan	4				Registration Dist	. No	
Village or	City	Mam	a	No. all	hospital or institution	Has n, give its NAME ins	St.,	Ward
Length of re	esidence in city or town who	ere death occurred	Lyrsmos	sds. How	long In U.S. if of f	oreign birth?	yrsr	mosds.
2. FULL N	AME Green	& H Ro	benson					
(a) Danid	V216	12 -00		01	w. a	X		
(a) Resid		(Usual piace		St.,	_Ward.	lf nonresident give	cily or town an	d State
PERSO	NAL AND STATIS	STICAL PARTI	CULARS	М	EDICAL CE	RTIFICATE O	F DEATH	
male	Mhich		RIED, WIDOWED, D (write the word)	21. DATE 0	E DEATH /	ecate/	25 (Day)	, 19336. (Year)
HUSBAND of (or) WIFE of	lowed, or divorced			22.		CERTIFY.		d deceased from
		/		Defrus	my 24,1	986, to FE	4. 24	19.36
. DATE OF BIRTI	H (month, day, end yeer)	Strack	1879	liast saw h_	alive on	Fret. à	24,1934	a_; death is said
	Years Months	Days	If LESS than	to have occurred	on the date stated	above, at 10:22/	0	
			1 day,hrs.	The second of the second		and related causes of		
bust 5	3		ormin.	were as follows:	CAUDE OF DEATH	and related causes of	importance	Date of onset
11-1-	ofession, or particular	a.						- Date of ones
CAWVI	f work done, as SPINNER, ER, BOOKKEEPER, etc	datas	w	1. 2na	whops	umani	d. (2)	Feb. 22
9. Industry o	or business in which was done, as SILK MILL,						(»	
Work V	was done, as SILK MILL, WILL, BANK, etc	rea		0		la Renal	M .	22
10. Date dece this oc	eased last worked at coupetion (month and	spe	me (years) nt in this	Carac	avascu	la Kenal	Clesetie	
year).		OCCL	pation	Other Contribute	ry Causes of imports	2000		
2. BIRTHPLACE	(city or town)	- Lila		Cilici Coatinoato	ry Caases of Import	ance.		
(State or co		naule	-1	(30.	- Ch.	Ruke-		9 9
	A LL	D -		Khen	ee ora	Thurs		27
13. NAME	Janos 17	Olobons	do					
14. BIRTHPLA	CE (city or town)	re so	2	Name of operation	n		Date of	1
(State	or country)							
15. MAIDEN N	NAME P. L.	. m. l.						
15. MAIDEN	TAINL VIIIL	a mi	signe	23. If death was du	ie to external cause	s (VIOLENCE) fill In	also the following	ig:
16. BIRTHPLA	CE (city or town)	1 01	0	Accident, suicide,	or homicide?	Date	of injury	, 19
15. MAIDEN 1 16. BIRTHPLA (State	or country)	~ , , , , ,		Where did injury	occur?			
/	mis 1 to	2	· h.			(Specify city or town	or la DUDI IC D	ate)
7. INFORMANT / (Address)	Bush	Marin !!	snow.	- opoony whether I	many occasion in I	HOOSINI, IN HOWIE,	or III FUDILIC PI	LNUE.
	ATION, OR REMOVAL	make In						
Place Place	tock a Par	el Date Ful	23 19 81	Manner of injury				
		100	7.,10.	Nature of Injury_				
. UNDERTAKER	Then I	min /2	120	24. Was disease or	r injury in any way	related to occupation	of deceased?	
(dress)	Donales	Rund		If so, specify				
140	0/2/	02	1110	(Signed)	Kanne	lell free	Low	3.0
SKERLAN	Q, 102.6 /16	- Chan	when MA	4	116/	2/1.	0 7	M. L
			Registrar.	(Addi	ress)	But It	- Ul	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE

Exact statement

stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly carriors very important. See instructions on back of certificate.

vory important.

UNFADING INK-THIS IS A PERMANENT

AGE should be

mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
The second second				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	السسيسا			

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis MAR 7 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		<u> </u>		

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 m

item of infor-

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH. 1259
1. PLACE OF DEATH	PATE LIMITE 161-2
County ALLEGANY	Registration Dist. No.
Village or City_ CUMBERLAND	No. HAVE GRAY Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city of town where death occurredyrsmos.	
2. FULL NAME Sant Stable	If U. S. Veteran, specify WAR
(a) Residence: No. 309 Mal Que (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 - 28 103 34
Male white Single.	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) wire or	, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 2.22.36.	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
0 days. 1 day,	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Congenital Purpura Humanhazica 2-12-36
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation occupation	
Quadrana	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) YMAC IRLAND (Stata or country) MARYLAND.	
I de la companya de l	News of asserting To the 10
4. BIRTHPLACE (city or town) 140 M A 2 (State or country)	What test confirmed diagnosis? Chisical Was there an autopsy?
# 15. MAIDEN NAME RONELDA ROMAINE MAY	23. If daath was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME RONELDA ROMAINE MAY 16. BIRTHPLACE (city or town) TRICKOPE	Accident, suicide, or homicide? Date of injury19
State or country)	Where did injury occur?
17 INFORMANT RONELDS SAPE	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT LONGED BY LONG BY E	Sportly manual majory strates in responsibility in fronte, of the obligation of Ende.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rose Hill Date Feb. 29,1936	Natura of injury
19. UNDERTAKER John.C. Wolford	24. Was disease or injury In any way related to occupation of deceased? Zuc
(Address) Cumberland, Md	If so, specify \(\int \lambda \int \alpha \)
20. Fredek 28 1936 Jast Frankla 216	(Signed) Statuer 1 spries M.D.
Registrar.	(Address) 40 h. Liberty 3t.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-13	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NAP 7 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state ORD. Every item of infor-OCCUPA-Jo PHYSICIANS statement Exact A PERMANEN FOR BINDING properly classified. EX certificate. MARGIN RESERVED of See instructions on back plnods it may CAUSE OF DEATH in plain terms, so that supplied. mation should be carefully TION is very important.

	OF MARYLAND-	CERTIFICATE OF DEATH	1260
1. PLACE OF DEATH	WITHIN CORPORA	TELIMITS 99	,/
County Mllyany	WITHIN OONE ONE	Registration Dist. No.	4
Village or City Cuback	erland.	No. Alligary At white St.,	4 Ward
Length of residence in city or town where	death occurredrrsmo	f death occurred in a hospital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth?yrs.	d number) .mosds.
2. FULL NAME Frideris	to Wilhelm	Schant	
(a) Residence: No. 7.36 V	(Usual place of abode)	St., 6 Z Ward. If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Plane 184	K, 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Comman of	ansel.	22. Jel I HEREBY CERTIFY That I attended to the state of	ed deceased from
6. DATE OF BIRTH (month, day, and year)	it 5 1868	I last saw bein alive on Jul. 18 H. 19 3	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at Mere? m.	
68 -	13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	7 :-		Date of onset
SAWYER, BDDKKEEPER, etc	mun	Endertiches	
work wes done, as SILK MILL, SAW MILL, BANK, etc.		obliturano.	1931
D. Date deceased lest worked et this occupetion (month and year)	11. Totel time (yeers) spant in this occupation		
12. BIRTHPLACE (city or town) Ball (Stete or country)	timore Ind.	Other Coatributary Causes of Importance:	
II 13. NAME Homan S	hant		
13. NAME Surray S	A the resident	Name of operation and Date of	2-18-36
(Stete of country)	a de	What test confirmed diagnosis? Was there as	
15. MAIDEN NAME Ophnal 16. BIRTHPLACE (city or town) (State or country)	Johanne.	23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	

(State or country)

CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Neture of injury 24. Was diseese or injury

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

If so, specify (Signed)

Where did injury occur?__

Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

-WRITE

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	MAD by 1005	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- STITUTE (SAKE)	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
-		4			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
	94 N 4-20 N 10 A 1-20 N				
			The second secon		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8

Registrar.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Oav) (Year) CERTIFY, That I attended deceased from to have occurred on the date stated above, at 57/6 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset burelus Was there an autopsy? No What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of Injury______ 19 Where did injury occur?_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

LION

carefully

should be

i

DEATH

MOTHER important.

14, BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town (State or country)

18. BURIAL, CREMATION, OF REMOVAL

15. MAIOEN NAME

17. INFORMANT (Address)

19. UNDERTAKER (Address)

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Chronic interstitial nephritis MAD 7 103	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
ALISEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

* 49)			

PHYSICIANS should state

Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PLAIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1262
1. PLACE OF DEATH	3 , Q
County Ollfe Cany	Registration Dist. No.
Village Dr City Thosplane	No. 105/2 E. Main St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where daath occurredmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Day Day Swellers	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Surary 28 193
5a. If merriad, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	22. THEREBY CERTIFY That I attended deceased from
6 DATE OF RIRTH (month dev and year) Feb 28, 1936	Hest saw h stive on Base cland 19 at death is said
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, et 4.0 m,
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and calated causes of Importance
8. Trada, profession, or particular	ware as follows:
Kind of work done, as SPINNER, 1000	Trematurity
9. Industry or business in which	1936
work wes dona, es SILK MILL, SAW MILL, BANK, atc	2 till Com
- 1 this occupation (month and	
year) occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) / 102+11111111111111111111111111111111111	
A 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
13. NAME Yolan Cuddy Shules 14. BIRTHPLACE (city or town) Translung (State or country)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Enma Frace Formas 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19,
Stete or country)	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT John (thields	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place trootery Date 14528 1946	Netura of injury
19. UNDERTAKER John G Shilly (Father)	24. Was disease or injury in any way ralated to occupation of decaasad?
(Addrass)	If so, specify DA DAY
20 SUED V/25 10 a.R. Walker	(Signed) Clark Stelles & M.D.
20. FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	(Address) Frostlewer nel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLA

V. S. No. 1 M

1. PLACE OF DEATH	WITHI	N CORPOR	ATE LIMITS	*		4
County allegany		W OOF II OF	00	Registration		
Village or City Culmble	No and		death occurred in a hospital or in	well a		
Length of residenca in city or town whe	re death occurred		ds How long in U.S.			
2. FULL NAME (LOC.	40)	0.0	7	World Wa		
(a) Residence: No. 60 5	80	C	St., / Ward.	X		
(a) nesidence. No & O	(Usual place of	abode)	Su, walu.	If nonresiden	l give city or town a	and State
PERSONAL AND STATIS	STICAL PARTIC	ULARS .	MEDICAL	CERTIFICATI	E OF DEATH	
. SEX 4. COLOR OR RACE	5. SINGLE, MARRI		21. DATE OF DEAT	H		YOR A
male white	OR DIVORCED	Q R	o.V.	(Month)	(0ay)	, 193 (Yaar)
. If married, widowed, or divorcad HUSBANO of				, , , , , , , , , , , , , , , , , , , ,		```
(or) WIFE of			22. A I HEREI	BYCERTIF	Y. That I attend	2/
	5at. 3, 18;	95	yan so	, 19-Ze, to	10 11	1956
			I last saw h./21 alive on.	Fob.	30 4 1921	مے death is said
AGE Years Months	Oays	If LESS than 1 day,hrs.	to have occurred on the date s		m.	
40 4	8	ormin.	The PRINCIPAL CAUSE OF D	EATH and related cau	ses of importance	Oate of onset
8 Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	m.		Gulmorany	/ tulner	enducia.	1-30-3
SAWYER, BOOKKEEPER, etc	Munager		G			
work was dona, as SILK MILL, SAW MILL, BANK, etc	Meat m	anked!			*	
10. Data deceased last worked at this occupation (month and year)		e (years) in this	3			
2. BIRTHPLACE (city or town) Cury. (Stata or country)	berland,	Md.	Other Contributory Causes of i	mportance:		
13. NAME COQUAT.	3 Shok	ex				
14. BIRTHPLACE (city or town)	agenlar	of Mila	Name of operation.	10-1-10	Date of	*
13. NAME (eQue) (14. BIRTHPLACE (city or town) (Stata or country)		-3/	What test confirmed diagnosis	Commo	Date of	n autopsy?
15. MAIOEN NAME CENSE	ne Krew	teluna	23. If death was due to external		V	
15. MAIOEN NAME (constant)	-0 - M	20.1	Accident, suicide, or homicide?			
16. BIRTHPLACE (city or town) (State or country)	2-10		Whera did injury occur?		and or injury	, 17
INFORMANT Mary 20	- holl		Specify whether injury occurre	(Specify city o	r town, county and S	itate)
7. INFORMANT (Address)					ome, or mir oblic	I LAUL.
B. BURIAL, CREMATION OR REMOVAL	70	,	Manner of Injury			
Place Y Po Cou	L. pale Dell	1936	Nature of injury			
UNDERTAKED COTICA)	ZIlan =	to a	24. Was disease or injury in An	y way related to occur	nation of deceased?	no.
9. UNDERTAKER (Address)	Land	med	If so, specify	1	1	
11201	1 O 4.	. lla	(Signed)	XX	Helle	an MJ
0. FOT elle d, 1836	and willing	P. in	1. (Address)	10,11.1.	1	arl

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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	- 1		
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1.	PLACE OF DEATH	OI MIA	WITHIN CO.	PORATE I MAITE (B)	y DEN	1	265
	County Ollaga	my.	A STATE STATE	a other FIMILS	Registration	Dist. No.	4
	Village or City	Anb	vlace	No. 5 26 Bes	eford	St.,	4 Ward
	Length of residence in city or town wher	e death occurred	10	death occurred in a hospital or institut			77-1111
2	FULL NAME &d	na M	ery pl	pesif U.S. Yeteran apec			
-	(a) Residence: No. 52	6 Bed	Paul	St., Ward.	My MAR	P	
	(a) Nesidence. No.	(Usualph	ace of abode)	St.,Walu.	If nonresident	give city or lown an	d State
	PERSONAL AND STATIS	TICAL FAR	TICULARS	MEDICAL CE	RTIFICATE	OF DEATH	
3. SE	4. COLOR OR RACE		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH	Heb	76	193 6
J	myp	ma	rried		(Month)	(Day)	(Yaar)
	marriad, widowad, or divorcad HUSBAND of (or) WIFE of Eagline	1:1		22. MIHEREBY	CERTIF	Y That attended	deceased from
	(OI) WITE OF Lugene	Mysi	20	erer 6	1936, to 0	Teb bl	0,1936
6. D/	TE OF BIRTH (month, day, and year)	200 17	7 1900	I last saw here elive on	eb- 2	6 , 193	; deeth is said
7. AC	E 3 Yaars Months	Deys	If LESS than	to have occurred on the date stated		Le.m.	
	3	1.4	1 day,hrs, ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related caus	es of importance	Date of onset
NO	8. Trade, profassion, or particular kind of work dona, as SPINNER,	11	,,	-		1	
E	SAWYER, BODKKEEPER, etc	buso	, with	Mule	epnu	ue	E424-
BX	work was done, as SILK MILL, SAW MILL, BANK, etc			Complication	eva col	41	
220	D. Date deceased last worked at	11. Tot	al tima (years)				
	this occupation (month and year)		spent in this occupation	Dit C off of C			
12. B	IRTHPLACE (city or town)	elely	rove	Dther Coutributory Causes of impo	rtance:	1:4-	52 80
	(State or country)	Ma	0	pronic,	ruph	Mills	1933
	13. NAME Ermeak	UT	citical		/		
FATH	4. BIRTUPLACE (city or town)	pa	/	Nama of operation		Date of.	'
	(State or country)	/	7	What test confirmed diagnosis?		Wes there an	autopsy?
HER	15. MAIDEN NAME Colum	mbuo,	morse	23. If death was due to external cau	ses (VIOLENCE) fi	Il in also the following	ng:
(per	16. BIRTHPLACE (city or town)	- Da		Accident, suicide, or homicide?	***************************************	Dete of injury	, 19
Σ	(Stete or country)	Jan 1		Where did injury occur?	(Specify city or	town, county and St	
17. 1	NFORMANT Confirme	Di	ges	Specify whether injury occurred in			
10 8	(Address)	i Ost	eaus ms	4			
18, 1	URIAL, CREMATION, OR REMOVAL	VE Date 7	El-29 1036	Manner of injury			
	CNI D	P Date 2		Nature of injury			
19. U	NDERTAKER TONTAIN	Su	uffe	24. Was disease or injury in any wa	ay related to occup	ation of deceasad?	
	(Address) Orlo	mas,	100 2	If so, specify	dres	raske	2
20	10 7 10 pm	at Chi	Registrar.	(Signed) (Address)	berla	ad m	M. D.
1	If mo	ore blanks are needs		2411 N. Charles Street, Baltimore, Red		1.	

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

19 UNDERTAKER (Addrass)

OCCUPA-

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battsmore, Requesting V. S. No. 1.

If so, specify (Signed)

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			1

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131) × 14019
County allegany	Registration Dist. No.
Village Dr City THIN CORPORATE	No. St., Ward
(il Length of residence in city or town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds, How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Manay Condon	Shidwan
(a) Residence: No. 22 B main	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Massied	21. DATE OF DEATH (Month) (Day) (Yeer)
ie. If merried, widowed, or divorced HUSBAND of (or) WIFE of Godin Shidmore	22. I HEREBY CERTIFY That lattended deceased from
5. DATE OF BIRTH (month, day, and year)	I lest saw hand alive on 1956; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
6 7 1 ormin,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(the coranders
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Clyfuic)
10. Date deceased last worked at this occupetion (month and year)	
12. BIRTHPLACE (city or town) Beckhart Md	Other Contributory Causes of Importance:
13. NAME Michael Condon	James Junes
13. NAME Muhael Conform 14. BIRTHPLACE (city or town) Orleans	Name of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Calhery Plake	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Caseph Company (Address) Trostburg Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plantice of Tentre Date Tel 15, 1936	Manner of injury
19. UNDERTAKER JACKER	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Justburg	If so, specify A
20 FILED 2 -14 1935 Q.R. Walker	(Signed) M. D
Registrar.	(Address) Alleng Alle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	3573
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital coinstitution, give its NAME instead of afreet and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (qurite the word) (Day) (Yeer) 5a. 16 married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFF of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than to have occurred on the date stated above, et 6: 40A-m. 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____ min. were es follows: Date of onset Trade, profession, or perticular NO kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ Date deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation__ Date of ... (Stete or country) What test confirmed diagnosis Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) (Stete or country) (Specify city or Own, county and Sta Specify whether Injury occurred 17. INFORMANT in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injur Nature of injury To 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	TIL	Example II	•
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 7 1986	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B. should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1269
1. PLACE OF DEATH	48
County Old Lagran	Registration Dist. No.
Village or City Manage	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & diga 6, Societori	ne, x
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) 193 (Year)
5a. If married, widowed, or givorced HUSBAND of (or) WIFE of John H Sourbruil	22. HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, day, and year) apr. 8 /865	I last saw h. Walive on 3 4 193 6: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$.01
70 41 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Nouse wife SAWYER, BOOKKEEPER, atc.	bar linera alleri gay 935.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) ECK (Stata or country)	Othar Contributory Causes of importanca:
# 13. NAME Just B. Winebrumer	
14. BIRTHPEACE (city or town) (State or country)	Nama of operation Date of Was that a an autopsy?
15. MAIDEN NAME MALLY S. FOLK	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT John H. Wweberner	Where did injury occur?
(Address) 18. BURIAL, CREMATION, OR DEMOVAL	
Place My Savage place Feb 4 36	Mannar of injury
19. UNDERTAKER THUS TURN OF C 1 (Address)	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED 2/3, 136 M Bouttle MD	(Signed) M. D
# 17 000	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	- 1	Example II			
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis MAD 3 1936	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
RUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S __ds. How long in U.S. if of foreign birth?______yrs._____mos._____ds. Length of residence in city or town where deeth occurred statement If U.S. Veteran specify WAR PHYSI (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) TL (Month) classified. 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, Thet I attended deceesed from (or) WIFE of 国 6. DATE OF BIRTH (month, day, and year) properly ሽ Days If LESS than 7. AGE Yeers Months to heve occurred on the date stated ebove. 1 dev.____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance or min. were as follows: Oata of onset 8. Trede, profession, or perticular NO kind of work done, as SPINNER, of SAWYER, BOOKKEEPER, etc.__. may back 9-Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceesed lest worked at 11. Totel tima (yeers) this occupation (month end spent in this that octupation ___ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (Stete or country) supplied terms, HER 13. NAME See Neme of operation. 14. BIRTHPLACE (city or town) plain L (State or country) What test confirmed diegnosis? Was there en autopsy?...... carefully 15. MAIDEN NAME Important. HE 23. If death was due to external causes (VIOLENCE) fill in also the following: in 0 Accident, suicide, or homicide?_____ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur? ... be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT plnods yery OF (Address) 18. BURIAL, CREMATION, OR Menner of injury CAUSE mation Nature of injury LION 24. Was disease in any way related to occupation of deceesed? 19. UNOERTAKER (Address) If so, specify M (Signed) Registrar. (Address) ... V. V. ... J. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

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S. No.

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Example I	F4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Land damage and the second	and a second			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

should state

of OCCUPA.

Every item of infor-PHYSICIANS Exact statement stated EXACTLY UNFADING INK-THIS IS A PERMANENT properly classified. certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. ION is very important. -WRITE PLAI

MARGIN RESERVED FOR BINDING

V. S. No. 1 m ż

1. PLACE OF DEATH WITHIN CORPO	DHATE LIMITS (10-9)
County Allegans	Registration Dist. No.
Village or City bullerland	No. 921 9 a a St., 2 Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	s ds How long in U.S. if of foreign birth?
2. FULL NAME Charles Anunger	*
(a) Residence: No. 921 Via. and (Usual place of abode)	St 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) What Massica	21. DATE OF DEATH 22 , 193 (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced	
HUSBAND of Guste Libauch	1 HEREBY CERTIFY That I attended deceased from
July surrange	- June 4 , 1933, to Tobruary 22, 1936
6. DATE OF BIRTH (month, day, and year) Ox 2 1882	1 last saw h La alive on February 22, 19 36; death is said
7. AGE Years Months Days If LESS than I dayhrs	to have occurred on the date stated above, at
53 3 20 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER,	Injured to an automobile June:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	11975
work was done, as SILK MILL, Saw MILL, BANK, etc.	accident
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
B. ble 11.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John Awanger 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sure Gano 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide College Oate of injury fluid 4, 19 3
(State or country) West Va	Where did injury occur? Martinsturg W. Va.
17, INFORMANT Liney Snearger	(Specify city or Town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 921 Lie live	white Highway
18. BURIAL, CREMATION, OR REMOVAL 20 11 21	Manner of injury Centerno tilo acrues over.
Place Great leasafon Date Teb 26 , 1936	Nature of injury Crushing Myung To Chest
19. UNDERTAKER Farm Stein Inc	24. Was disease or injury in eny way related to occupation of deceased?
(Apriless) Combile and mal	If so, specify
20. FIGOTEL 24 13h Jan Frankly, Mrs.	(Signed) 2
20. FICE DESCRIPTION OF THE Registrar.	(Address) Courtesland Mc

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- Comment	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			i la	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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闽	SICIANS should state atement of OCCUPA-
FOR BINDING	IS A PERMANENT COMP stated EXACTLY. PHYS properly classified. Exact st erificate.
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WILLI UNFADING INK—THIS IS A PERMANENT CORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is used.
V. S. No. 1	N. B.—WRITE PLAINLY, W mation should be caref CAUSE OF DEATH in

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1272
1. PLACE OF DEATH	- v
County allegans	Registration Dist. No.
Village or City The STATE CORPORATE LIMIT	NDSt. Ward
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred S. S. yrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME da S Verrel	k
(a) Residence: No. 98 Chica Land (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Z Z S , 193 6 . (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. HEREBY CERTIFY That I attended decaased from
10.42 1911	1900, 10 2 7 10 3 6 10 10 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw hand alive on 1945; death is said to have occurred on the data stated above, at 3
7 / / / l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	wara as follows:
kind of work dona, as SPINNER,	
9. Industry or business in which	Johan Juneman
work was done, as SILK MILL, SAW MILL, BANK, etc.	
- this open pation (month and	
year occupation occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town)	
13. NAME (and Warshing) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town). (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elialth Workman 16. BIRTHPLACE (city or town) J. Waynesburg, Or.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Il Waynustana, Va. (Stata or country)	Accident, suicide, or homicide?
(State of County)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Color (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place frostbury hydrate you 1 , 193 C	Nature of injury
11.2 +	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify A A
a sura Man 1 10 8 (OR (1591 ky, with	(Signed) M/D.
20. FILED Man. 1, 19 3 6 (c. V.) Walker M. W. Registrar.	(Address) Fig. et al.
If more blanks are needed address State Periodran	Over N. Charles Street Belgimore Properties 72 S. No.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
		gg-relation (*)		
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones	Carlot Man 197	May 1,1923	Gastroenteritis	1 year
	7.00			

V. S. No. 1 m²

20. 50 Selu 2 5 136

of OCCUPA-

STATE U	F MARYLAND	CERTIFICATE OF DEATH	1210
1. PLACE OF DEATH County Alle	gany WITHIN	CORPORATE LIMITS P. P. P. Registration Dist. No.	4
Village or City Cumber	land ma	No. Memorial Faspetal f death occurred in a hospital or institution, give he NAME instead of str	St., 6 7/ War
Langth of residence in city or town whare de	eath occurredyrsmo	s. 5 ds. How long In U.S. if of foralgn birth?yrs	mosd
2. FULL NAME Mrs. M.	aycell L. Thon	mpson	
(a) Residence: No. Raute #	# 05 Oundhaland	St. Ward.	
(a) Moducinoc. No.	(Usual place of abode) M	If nonresident give city or to	own and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	TH
Female 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Jehnsey 24 (Month) (Day)	th , 193 6
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Lesler	Thompson	22. I HEREBY CERTIFY, That I at	(Yaer)
6. DATE OF BIRTH (month, day, and year)	Sept 20, 1901	I last saw h = alive on F = 2 4	1934; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	,
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Vausewife	Unever Carra	Oate of onse
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	0		1431
10. Date deceased last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	7	Other Contributory Canaca of importance:	
1 // 1	Dave	Contorio School	1930
13. NAME Raleigh & 14. BIRTHPLACE (city or town)	est Vuginea	Name of operation Da What test confirmed diagnosis? Was the	ate of
16. BIRTHPLACE (city or town)	Judy	23. If daath was due to external causes (VIOLENCE) fill in also the fo	ollowing:
(State or country)	it Viiginia	Accident, suicide, or homicide? Date of injury_ Whare did injury occur?	
17. INFORMANT Lester Tho (Addrass) A 3 D#5	mpson	(Specify city or town, county of Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wiveston, H Va	Oale Fel 27 - , 1936	Mannar of Injury	
19. UNDERTAKER Jacob (Addiass) Jacob	Hafer me	24. Was disaase or Injury In any way ralated to occupation of dageas	jed?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)_

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WUGFAU V. SU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

PHYSICIANS Exact statement

stated EXACTLY.

AGE should be

properly classified.

certificate.

jo

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

(State or country

18. BURIAL, CREMATION, OR REMOVA

mation should be carefully supplied.

-WRITE PLAD

B

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of OCCUPA-

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		103751
County City / County County County County City / County Co	(If	Registration Dist. No. No. 0 1/20 1/20 1/20 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Many	vilse To	enum It U. S. Veteran, specify WAR
(a) Residence: No. Western	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale White	INGLE, MARRIED, WIDOWED, R DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended daceased from 3, 10, 2-17, 1936
6. DATE OF BIRTH (month, day, and year)	n 2015 /934	I last saw head alive on
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Branches preumama
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Bilateral
TO. Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation	the troncho-pressmons was primary; and fre-
12. BIRTHPLACE (city or town) Wesley (Stata or country)	sport	Other Contributory Causes of Importance: Lunation: two days custo.
	. 2	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	sternot.	Name of operation
7.00	01	What test confirmed diagnosis? Was there an eutopsy? Was there an eutopsy?
15. MAIDEN NAME Madeline 16. BIRTHPLACE (city or town) - Negt	epoply.	23. If daath was dua to axternal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicida?

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury Nature of injury

If so, specif

(Signed

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows: 5 1936 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Country Willage or City Williage or City Williage or City Willage or City Will	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1275
County Wilage or City Control of the State of St	1. PLACE OF DEATH	(3)
Village or City. Description of residence in city or town where death occurred. Length of residence in city or town where death occurred. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RCE S. SINCER MARKE A. COLOR BRITCH A. COLOR OR RCE S. SINCER MARKE A. COLOR OR RCE S. SINCER MARKE A. COLOR BRITCH A. COLOR OR RCE S. SINCER MARKE A. COLOR BRITCH A. COLOR OR RCE S. SINCER MARKE A. COLOR BRITCH A. COLOR OR RCE S. SINCER MARKE A. COLOR BRITCH A.	County allegany	7
Length of residence in city or town where death occurred in & hospital or institution, give in NAME insected at stated and number) dis. Honoral or institution, give in NAME insected at stated and subject of the NAME in the Name of operation. 2. FULL NAME (a) Residence: No. Adjusted of about the part of the Name of operation in the part of the Name of operation. FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR NOTICES OF INSERTING MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE OR WORKER OF DEATH OR WORKER OF DEATH AND THE OF DEATH So. II merried, inflowed, or divorced (cp) wile of the part o	Village or City 2 and bu WITHIN GORPORATE L	IMITS OF TO
2. FULL NAME (a) Residence: No. Agg. (Usualpace of abedo) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINCLE MARRIED, WIDOWED OR DIVORCED (write be gord) 5a. If married, widowed, or divorced (10) hills of color or particular 6. DATE OF BIRTH (month, day, and year) 7. AGE 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular 8. Inde, was done, as SILK MILL 9. Date decessed last worked at 9. Index of the cocception (month and profession) 9. Index of the cocception (month and profession)	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(2) Residence: No. Again (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Market According the city of town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HER EBY CERTIFY, That I attended deceased from the state of the control of the state of the s		2 1
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5. If married, widowed, or divorced HUSAND ("Counter the word) 6. DATE OF DEATH 7. AGE Pears Months Days HI (ESS than L day, and year) 18. Industry for business in which LISAND ("State or country) 8. Trade, profession, or particular with of the word or widowed at this occupation (month and page) 19. Industry for business in which LISAND ("State or country) 8. SAW MILL, BANK, etc. 19. Industry for business in which LISAND ("State or country) 19. Industry FLACE (city or town) 19. IS MAIDEN RAME L Lagrafia 19. Industry Cases of importance: 19. Informant May	A 1 11	O IX-
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comite the word Market Worked White of Worked (Nonth) So. If married, widowed, or divorced (Nonth) So. If a Re By C ERT I Fy, That I attended decased from Corp. Will Co. The PRINCIPAL CAUSE OF DEATH So. If a Nonth So. So. Trade, profession, or paticular So. It add work done, as SPINNER, So. If a Nonth So. So. It a Re By C ERT I Fy, That I attended decased from The PRINCIPAL CAUSE OF DEATH and related causes of importance were for loines. So. Trade, profession, or paticular Wind of work done, as SPINNER, So. It and the work was done, as SPINNER, So. Dial and work done, as SPINNER,		
Male While OR DIVOKCED (which the word) Sh. It married, widowed, or divorced (HUSAND OF CATTON	PERSONAL AND STATISTICAL PARTICULARS	
59. If married, witdowed, or divorced thusballo of Cort) wife of Cort	OR DIVORCED (write the word)	7-16-24-56, 193
6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade profession, or patitular link of work some as SPINNER. 8. Trade profession, or patitular link of work some as SPINNER. 8. Trade profession, or patitular link of work some as SPINNER. 8. Trade profession, or patitular link of work some as SPINNER. 8. Trade profession, or patitular link of work some as SPINNER. 9. Industry or business in which work was done, as SIK MILL, 8. SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SIK MILL, 8. SAW MILL, BANK, etc. 10. Date decased last worked at this occupation (month and specific work was done, as SIK MILL). 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BUNNAL, CREMATION, OR REMOVAL Place Removed as the second seco	Sa. If married widowed or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days JILESS than 1 day, hrs. or. min. 8. Trade profession, or paticular sind of providence as SPINNER, SAW MILL, BANK, etc. 9. Industry or business in which SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year) Year) 12. BIRTHPLACE (city or town) (State or country) May Saw Mill, BANK, etc. 14. BIRTHPLACE (city or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) May Saw Mill, Barth (City or town) (State or country) Manner of injury Nature of injur	HUSBAND of (or) WIFE of	
TAGE Years Months Days ITESS than 1 day	6 mma Sora Jorannas	7 Let -7 7 3,19 , to 7Pel-24-5, 15
8. Trade, profession, or particular kind of work dome, as SPINNER, SAWHILL, BARKEEPR, etc. 9. Industry or business in which was done as SSIK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation month and M. 1935 spent in this occupation month and M. 1935 spent in this occupation (month and M. 1935 spent in this occupation) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER (Address) (Signed) (Address) Applied M. D. Regitirer. (Address) (Signed) Applied M. D. (Signed) (Address) Applied M. D. (Signed) (Address) Applied M. D. (Signed) Applied M. D. (Address) Applied M. D. (Signed) Applied M. D. (Address) Applied M. D. (Signed) Applied M. D. (Address) Applied M. D. (Address) Applied M. D. (Signed) Applied M. D. (Address) Applied M. D.		I last saw halive on; death is said
8. Trade, profession, or particular land of work done as SPINNER, SANVER, BOOKKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SANVER, such with the work was done as SILK MILL, SANVER, etc. 10. Date deceased last worked at the security of the s		
2. BIRTHPLACE (city or town) (State or country) 2. MADEN NAME 3. Industry 4. BIRTHPLACE (city or town) (State or country) 2. State or country) 2. Manual City or town, Cistate or country) 2. Manual City or town, Cistate or country) 2. BIRTHPLACE (city or town) (State or country) Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury Nature of injury 2. Al Was disease or injury in any way related to occupation of deceased? 2. Was disease or injury in any way related to occupation of deceased? 2. Was disease or injury in any way related to occupation of deceased? 2. Was disease or injury in any way related to occupation of deceased? 3. Indeath was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Nature of injury Nature of injury Nature of injury 2. Al Was disease or injury in any way related to occupation of deceased? 2. Was disease or injury in any way related to occupation of deceased? 2. All Was diseased in injury in any way related to occ		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. Saw MILL, e	8. Trade, profession, or particular 11/10/11/10/11/10	Date of onset
work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and M. 1938) 11. Total time (years)		Risease with Clemin ?
10. Date deceased last worked at this occupation (month and M. 1938) spent in this occupation (month and M. 1938) spent in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Short (Address) (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place Short (Address) (State or country) 19. UNDERTAKER (Address) (State or country) 20. FILED 20. FILED 20. FILED 20. FILED 20. FILED 20. FILED 21. Total time (years) spent in this spent in this occupation (Address) (Signed)	9. Industry or business in which work was done, as SILK MILL,	La di as Haidana
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 20. Characterise Cistate or country) Continuation Other Contributory Causes of importance: Other Contributory Other Contributory Causes of importance: Other Contributory Name of operation Date of What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Date of injury Objectify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Other Contributory Name of operation Other Contributory Other Contributory Name of operation Other Contributory Name of operation Other Contributory Name of operation Other Contributory Other Contributory Other Contributory Other Contributory	this occupation (month and) 1 spent in this	
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13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. INFORMANT (State or country) 21. INFORMANT (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 20. FILED 20. FILED 20. FILED 20. FILED 21. ACCIDENT Name of operation		
What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Informant (Specify city or town, country and State) 22. If death was due to external causes (VIOL ENCE) fill In also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D. Registrar. (Address) 10. Calfiel M. D. Registrar. (Address) 11. Manner of injury Nature of injury (Signed) M. D. Registrar. (Address) 11. Manner of injury in any way related to occupation of deceased? M. D. Registrar. (Address) 12. Manner of injury in any way related to occupation of deceased? M. D. Registrar.		
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What test confirmed diagnosis? Was there an autopsy? 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 20. FILED 21. Informant (Specify city or town, country and State) 21. Informant (Address) What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED 20. FILED (Address) (Address) Company (Address) Company Mass there an autopsy? 21. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. If so, specify (Signed) Company	14. BIRTHPLACE (city or town) Unknown	Name of operation Date of
Accident, suicide, or homicide? Date of injury	(State or country)	What test confirmed diagnosis? Was there an autopsy?
Accident, suicide, or homicide? Date of injury	15. MAIDEN NAME Elizabeth Gerden	23. If death was due to external causes (VIOL ENCE) fill In also the following:
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Length Clearly Date Febr. 28, 19.36 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? 1f so, specify (Signed) (Signed) (Address)		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Plangle Classifiery Date Pelo: 28, 19.36 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. Continue Secretary Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)		
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Semple Clastery Date February 19. UNDERTAKER Jacob Manner of injury (Address) 20. FILED 255, 1936 A. R. NOEDEN Registrar. (Address) Parellawelle Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 16 so, specify (Signed) Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Address) Parellawelle Manner of injury Nature of injury (Signed) Manner of injury Nature of injury (Address) Parellawelle Manner of injury (Address) Parellawelle Manner of injury (Address) Parellawelle Manner of injury Nature of injury (Address) Parellawelle Manner of injury (Addr	17 INFORMANT Mrs. garage . Duretine	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE.
Place Demple Clastery Date Febr. 28, 1923 6 19. UNDERTAKER Jacob Hage Md. 24. Was disease or injury in any way related to occupation of deceased? If so, specify 20. FILED 2/25, 1936 A. R. NOLPU (Signed) M. alfield have been made and m		
19. UNDERTAKER fact 14 afer (Address) 2 good burg md (Address) 2 (Signed) 1 affel 1 a limit M. D. Registrar. Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 2 no (Signed) 1 affel 1 a limit M. D. (Address) 2 a guillet 1 a limit M. D. (Address) 2 a guillet 1 and 1	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address), I grantburg md If so, specify 20. FILED 2/25, 1936 A. R. Noch (Signed) M. alfeld Va Dirac M. D. Registrar. (Address) Taylor M. D.	Place Semple Clastery Date tel. 28, 19.36	Nature of injury
20. FILED 2/35, 1936 a. R. North (Signed) W. alfred Va Derna M. D. Registrar. (Address) Tavellange Incl.		24. Was disease or injury in any way related to occupation of deceased?
Registrar. (Address) Problemage mel	(Address) of goodburg Md.	1 0 / 1/ - 0 -
	4	(Address) - Franklinge mil

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH	/ -	(93°C)	×	1
County clean	wy	***************************************	Registration Dist. No.	
Village or City Reen	Vallage My	No.	St.	Ward
Length of residence in city or town where deeth		death occurred in a hospital or institution	, give its NAME instead of street	and number)
2-1	C Time			
2. FULL NAME	Diney.		γ WAR	.,
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICA		MEDICAL CER	RTIFICATE OF DEAT	
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1 72	-
	OR DIVORCED (write the word)	7	(Month) (Day)	(Yaar)
5a. If married, widowed, or divorced				
HUSBAND of (or) WIFE of Alber	t Twigg	22. AN HEREBY	CERTIFY. That I atte	nded deceased from
6. DATE OF BIRTH (month, day, and year)	known, 1853	I last saw harmen elive on	Feb 10 ,19	(deeth is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated a	bove, at 10 Cm.	
03	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH ware as follows:	and related ceuses of Importence	Data of onset
8. Trade, profession, or perticular		Chronic May	o Endelis.	Data of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Question: not fin	our ; because this	in Whit
work was dona, as STLK MILL.		cian only saw	Rea or fave hou	sa lan
SAW MILL, BANK, etc	11. Total tima (years)	lofore hea death	· Sugar	
o this occupation (month end year)	spent in this			
(AT) 0.4	6 10	Other Cantributory Causes of imports	ance:	
12. BIRTHPLACE (city or town)	n cury	1018	1	
	4.44.404		coya	
13. NAME COLOR	140			
14. BIRTHPLACE (city or town) (State or country)	- VHO	Neme of operation	Dete	Man.
(orate or deality)	1-6-10-0	What test confirmed diagnosis?		e en autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	VV D-FFILL	23. If death wes due to external cause		
16. BIRTHPLACE (city or town)	Med	Accident, suicide, or homicide?		, 19
(State of County)		Where did injury occur?	(Specify city or town, county an	
17. MYFORMANT (Address)	lig gorans	Specify whether Injury occurred in I	NDUSTRY, IN NUME, OF IN PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	5.1	Menner of Injury		
Place Car Contry	Date Dela 2 4, 19.34	- Neture of injury		
Blies.		24. Was diseese or injury In eny way		
19. UNDERTAKER (Address)	village and	If so, specify		
Theles On the	and half	(Signed)	76cune	M. D.
20. FILED/13/3/2	Registrat	(Address)	Voew V	ow Win

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TRUEPAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ce of DEAT			WITHIN CO	REGISTRATE LIMITS 720 Registration Dist. No.
	ge or CityC			(If	death occurred in a hospital or institution, give its NAME instead of street as 8 ds. How long in U.S. if of foreign birth?
	L NAME M			Md.	If U. S. Veteran, specify WAR
PE	RSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Fema.		R OR RACE hite	OR DIVORCE	RIED, WIDOWED, O (write the word) O WE C	21. DATE OF DEATH February 10,
5a. If marri HUSB (or) V	d, widowed, or divo ND of FE of M	r. Harr	y Volk		22. I HEREBY CERTIFY, Thet I attend
c DATE O	BIRTH (month, day	and war	June 1.	1870.	I last sow h
7. AGE	Yeers 65	Months	Days 9	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at
CUPATION	te, profession, or pikind of work done, SAWYER, BOOKKEE stry or business to work wes done, as SAW MILL, BANK, a deceased lest wo this occupetion (mo	as SPINNER, PER, etc which SILK MILL, etc rked at	spei	ime (years) nt in this	Jacapalitico.
	year) LACE (city or town)		land	upation	Other Contributory Causes of Importence:
1	te or country)	<u> </u>	Shaffer		Do anello
E	THPLACE (city or to (Stete or country)	· · · · · ·	t Virgi		Name of operation Detailed What test confirmed diagnosis?
표 15. MA	DEN NAME	Isabell	e Heckr	ote,	23. If deeth was due to externel causes (VIOL ENCE) fill in also the follow
H 1	THPLACE (city or to (State or country)	West	Virgin	ia	Accident, suicide, or homicide? Dete of injury Where did injury occur?
17-INFORM	ANT Nemor	ial Hos	pital Md.		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC
18. BURIAI Pla	cremation, or	Leel Cega	Date Def	1 1936	Manner of injury
19. UNDER		is Ite	no du	e md	24. Was disease or injury in any way related to occupation of deceased? If so, specify
			ma	1100	(Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Battimore, Requesting U. S. No. 1.

(Address)

instead of street and number)

Thet I attended deceased from

Was there an autopsy?

Date of onset

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Chronic interstitial nephritis A	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH							
1 DI AGE OF BELTH	ORATE LIMITS 79-0						
County Allegary.	Registration Dist. No.						
Village or City Company	No. 915 Andrill are . St., Ward						
Length of residence In city, or town where death occurred/mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 2.						
2. FULL NAME & land James Wads	worth						
(a) Residence: No. 215 Avenue Org	Ward. If nonresident give city or town and State						
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 193 6						
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)						
(or) WIFE of	19/6 to 19/6						
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 121 27 193 6; death is said						
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at						
6 / 2-8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance						
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset						
SAWYER, BOOKKEEPER, etc	Cent Suffreen Tel 20						
work was done, as SILK MILL, SAW MILL, BANK, etc	Commenter (Simple) 26						
10. Date deceased last worked at this occupation (month and spent in this	non-expidence; non-tubereulossa/s. Duration;						
year) occupation	Other Contributory Causes of importance: as stated. Cuse &						
12. BIRTHPLACE (city or town) Landural (State or country)	404.						
13, NAME I TO A TO THE							
The state of the s							
(State or country)	What test confirmed diagnosis? Was there an autopsy?						
15. MAIDEN NAME mary Amold	23. If death was due to external causes (VIOLENCE) fill in also the following:						
16. BIRTHPLACE (city or town) Immberland Q	Accident, suicide, or homicide? Date of injury, 19						
(State or country)	Where did injury occur? (Specify city or town, county and State)						
17. INFORMANT Alryd & fragsmyth	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
18. BURIAL, CREMATION OR REMOVAL	Manner of injury						
Place Additional Compare Par 1, 1956	Nature of Injury						
19. UNDERTAKER Lows Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?						
20. Elfarch 1, 1936 La Phanks MA	(Signed) Clary M.D. (Address) 7/2 St Carollel						
Kegistrar.	(Mudio22) - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						

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Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	a seriu V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

FATHER

OTHER

DEATH

OF

SE

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should

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH County ALLEGANY

WINGSTIN CORPORATE



Section 1 to 100	and the same of th	State and			
		Registration	Diet I	No.	
		negistration	Dist.	140.	
THAT	T TTO	T CEL TECE		/	-11
EMOKIA	AL HU	SPITAL		St.,6	Wal
		, give its NAM			
u in a neepita	t of immittation	A RIAC IES LAWARIAS	E instea	id of street and	number)

Length of residence in city or town where death occurred _____yrs, _____mos, ____ds.

Village or City CUMBERLAND, MD.

How long in U.S. if of foreign birth? vrs. mos. ds.

2. FULL NAME

3. SEX

MALE

50

f3. NAME

WALLACE. JAMES

If U. S. Veteran, specify WAR CHURCH ST. LONACONING? MD. (Usual place of abode) Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE

WHITE

5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

STUGLE

5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) .TITLY 7. AGE

> 8 Trada, profession, or particular kind of work done, as SPINNER,

TO Data deceased last worked at

this occupation (month and

SAWYER, BOOKKEEPER, etc Industry or business in which

Months

If LESS than 1 dayhrs. or min.

work was done, as SILK MILL, SAW MILL, BANK, etc.....

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (Stata or country)

WALLACE. JAMES

f4. BIRTHPLACE (city or town)_____ (State or country)

f5. MAIDEN NAME

f6. BIRTHPLACE (city or town) (State or country)

MEMORIAL HOSPITAL 17. INFORMANT CUMBERTAND, MD. (Address)

18. BURIAL CHEMATION, OR REMOVAL

19. UNOERTAKER

Registrar.

21. DATE OF DEATH

I HEREBY CERTIFY. That I attended decassed from

MEDICAL CERTIFICATE OF DEATH

to have occurred on the data stated above, at 3:33 Pm

The PRINCIPAL CAUSE OF DEATH and related cause not importence

of importance

Name of operation ... What test confirmed diagnosis?_____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida?_______ Date of injury______f9.

Where did injury occur?_____ (Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE

Nature of Injury____

(Address)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Manner of injury .

WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:.

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ()	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritia '3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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CAUSE mation

-WRITE

V. S. No.

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REM

(Year)

Date of onset

Fut

70

1936

West Da	What test confirmed diagnosis? Was there an autopsy?
eme trans	23. If death was due to external causes (VIDLENCE) filt in also the following: Accident, sulcida, or homicida?
n Bucklew	Whera did injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
NAL Date Feb 25, 1936	Manner of Injury
Thin Ima	24. Was diseasa or Injury In any way related to occupation of deceased?
Jo S. Frankler M.K. Registras.	(Signed) Shub A Dong M. D. (Address) Succeeding has not
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	-Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
, PAU V. B.	j 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING RESERVED MARGIN

. S. No. 1

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Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAR 5 1930	July 5,1927	Peritonitis	3 days ago	
	BUIDEAU V. S.				
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH Ward That I attended deceased from Date of onset What test confirmed diagnosis? Was there an autopsy? M.

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Gallstones	May 1,1923	Gastroenteritis	1 year